



# COP 2017 Approval Meeting Out-brief Botswana

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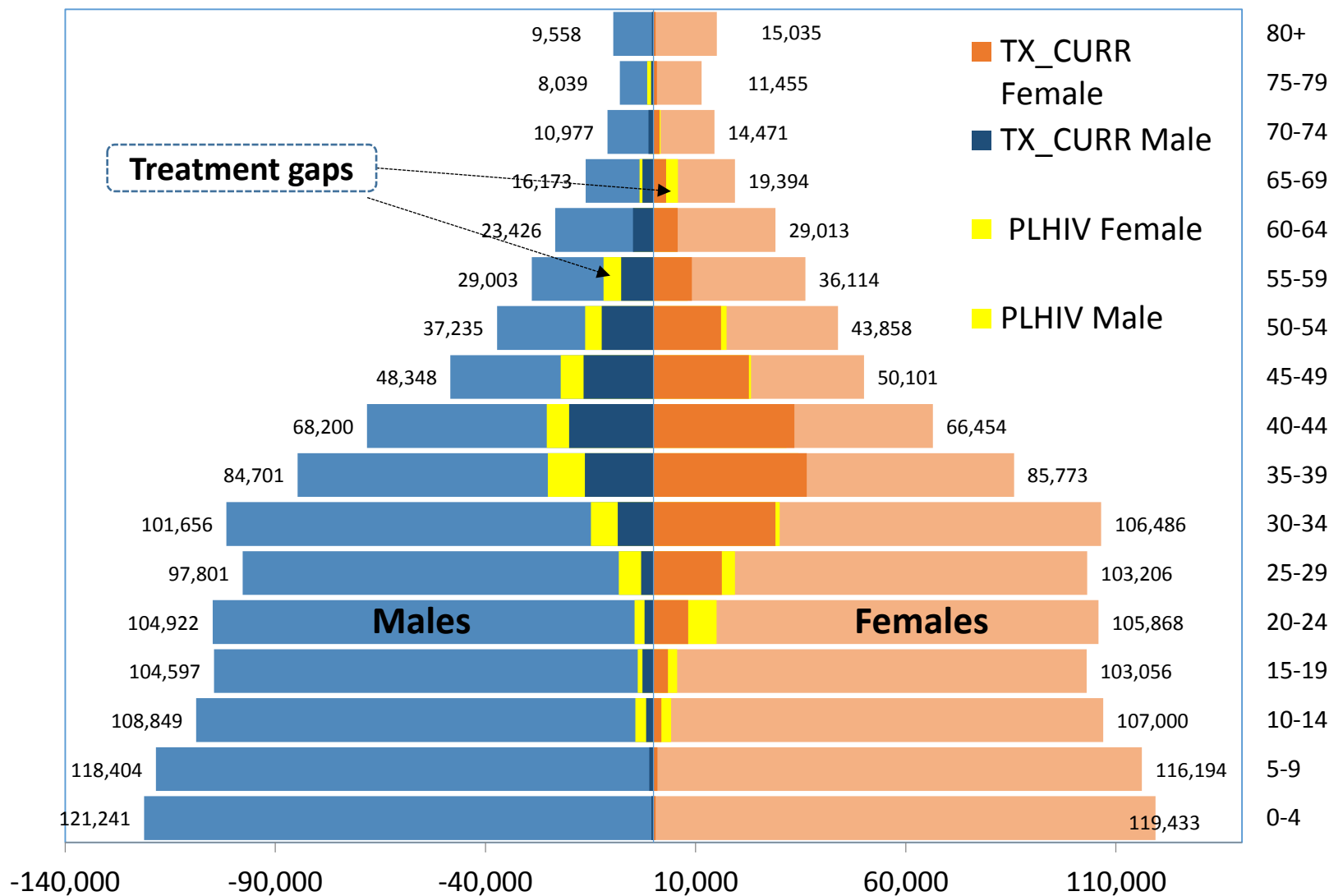
April 26, 2017



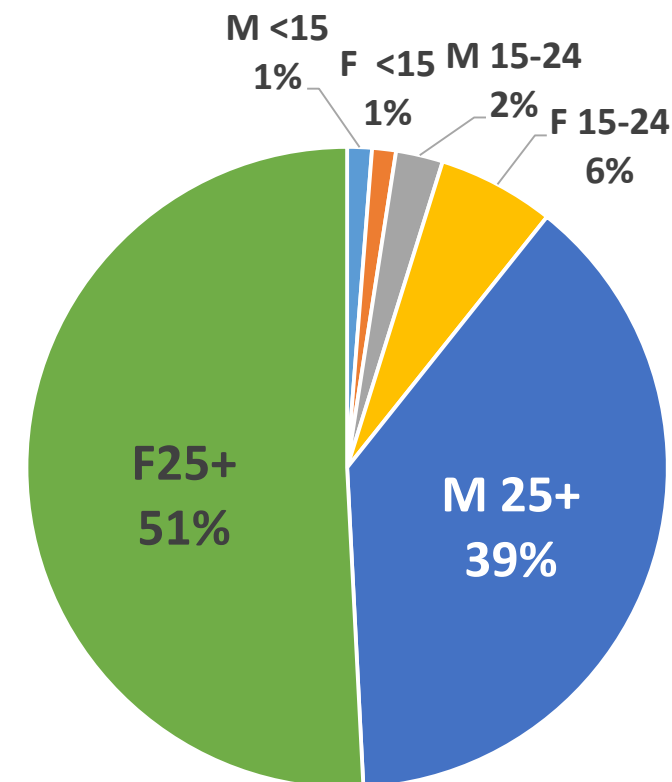
# Botswana Overview COP 2016



# Botswana Population, PLHIV and TX\_CURR



## PLHIV by age





# Annual Investment Profile by Program Area

Program Area	Total Current Expenditure (millions USD)	Percent Contribution			
		PEPFAR	GF	GoB	Other
Clinical care, treatment and support	220.9	14%	0%	83%	3%
Community-based care, treatment, support	Not disaggregated	NA	NA	NA	NA
PMTCT	5.1	NA	NA	NA	NA
HTS	4.9	78%	0%	22%	0%
VMMC	4.2	90%	1%	9%	3%
Population prevention	20.1	55%	1%	43%	1%
OVC	53.0	2%	0%	98%	0%
Laboratory	NA	NA	NA	NA	NA
SI, Surveys and Surveillance	15.4	100%	0%	0%	0%
HSS	1.5	99%	0%	1%	0%
Other*	43.9	85%	0%	15%	0%

\*Includes program management, administration, human resources and enabling environments

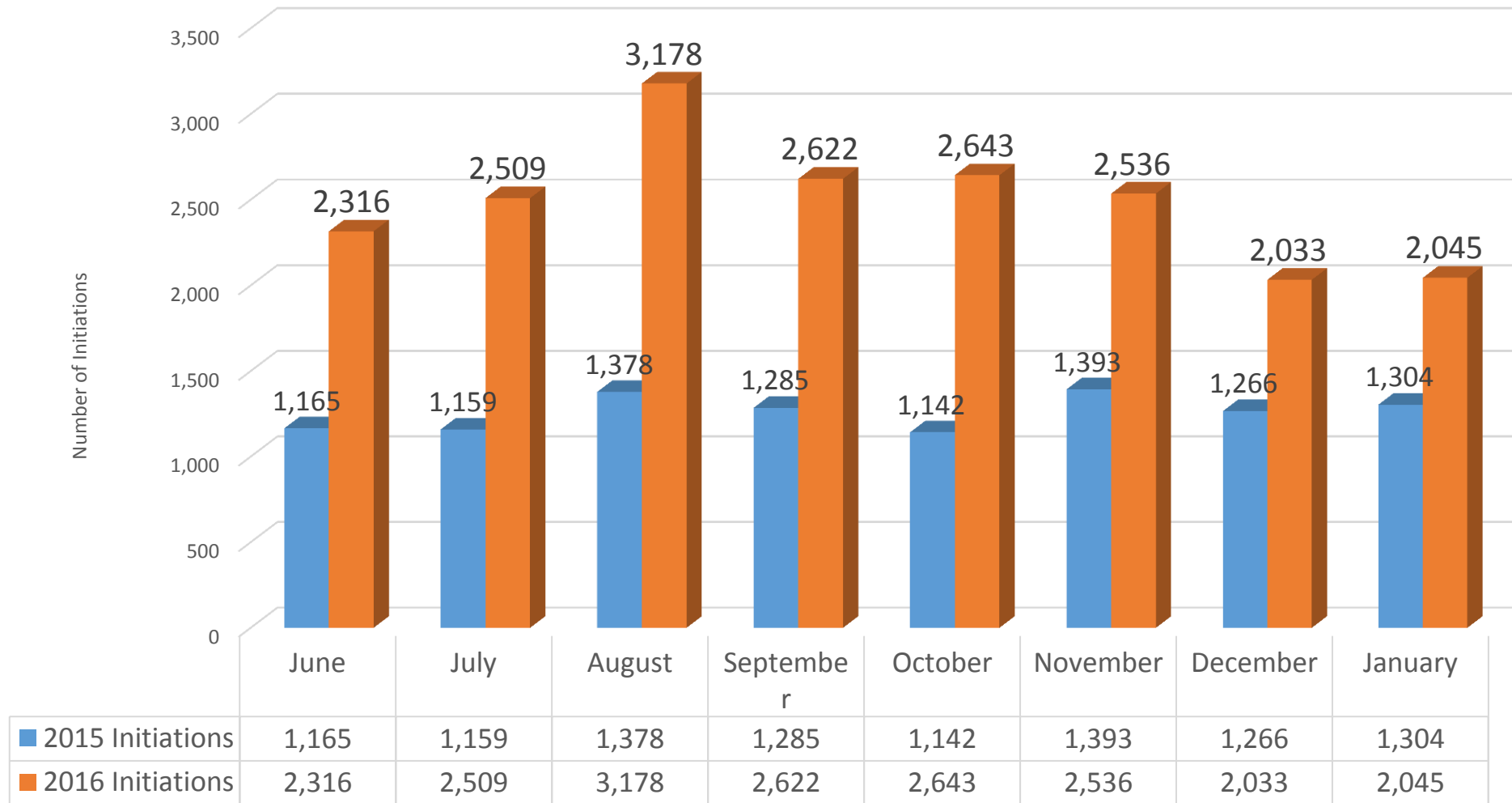
Source: NASA 2012, Gaborone, Botswana





# Treat all initiations 2015/16/17

## Government of Botswana data



TREAT  
ALL  
Launched  
June 2016



# Policy Update

Policy	Barriers	Next Steps	Consequences
Same Day / Rapid ART Initiation	Different opinions  Guidelines not finalized; need to document communication to districts	MOHW continue to build buy in and include PLHIV in Guideline Committee; review upcoming WHO guidelines  Finalize Guidelines; Savingram for documentation	Decreased TX_New due to losses between diagnosis and ART initiation; client dissatisfaction; inability to attain epi control
Differentiated Service Delivery Models/Stable patients	Different opinions  No MOHW policy; Inconsistent practice among HCWs	Define, extend and monitor MMD, fast track refills, community ART  Include in both Treatment and Community Guidelines; Savingram	Increased LTFU; decreased VL suppression; client dissatisfaction; More crowded health care facilities and fewer ART initiations
TPT	No policy guidelines	Revitalize Task Force and review newer data	Higher TB incidence and mortality among PLHIV
Non-Citizens	Data needed to cost coverage; delays in modeling by USG/UN development partner group	Complete estimates of numbers, epi impact, costs  Complete policy brief	Increased morbidity, mortality, transmission; inability to attain epi control



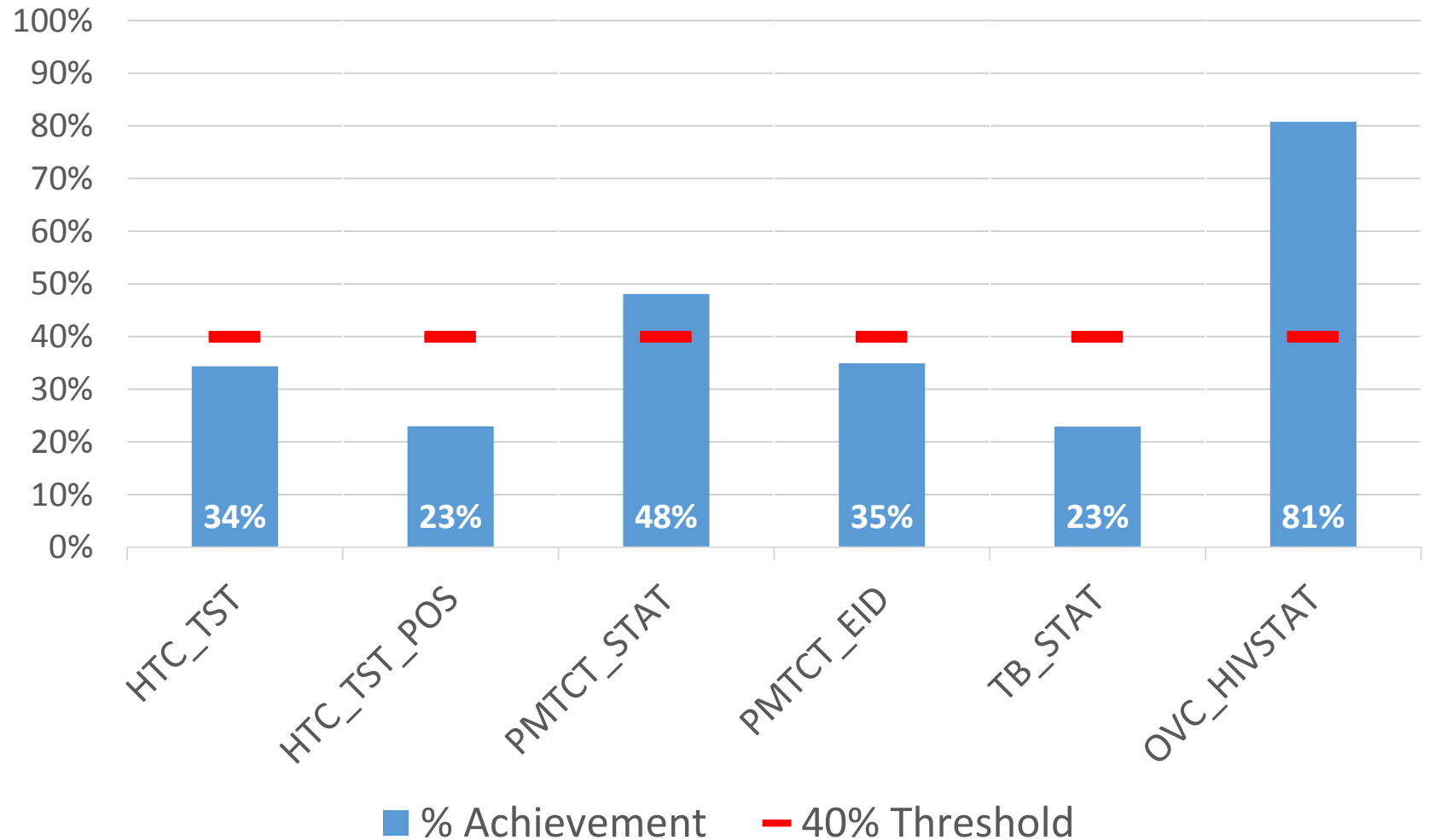
# First 90 – COP 16 Results through Q2

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# 1<sup>st</sup> 90: HTS

- Good achievement for PMTCT\_STAT and OVC\_HIVSTAT
- Room for improvement for HTC\_TST, HTC\_TST\_POS, PMTCT\_EID and TB\_STAT indicators



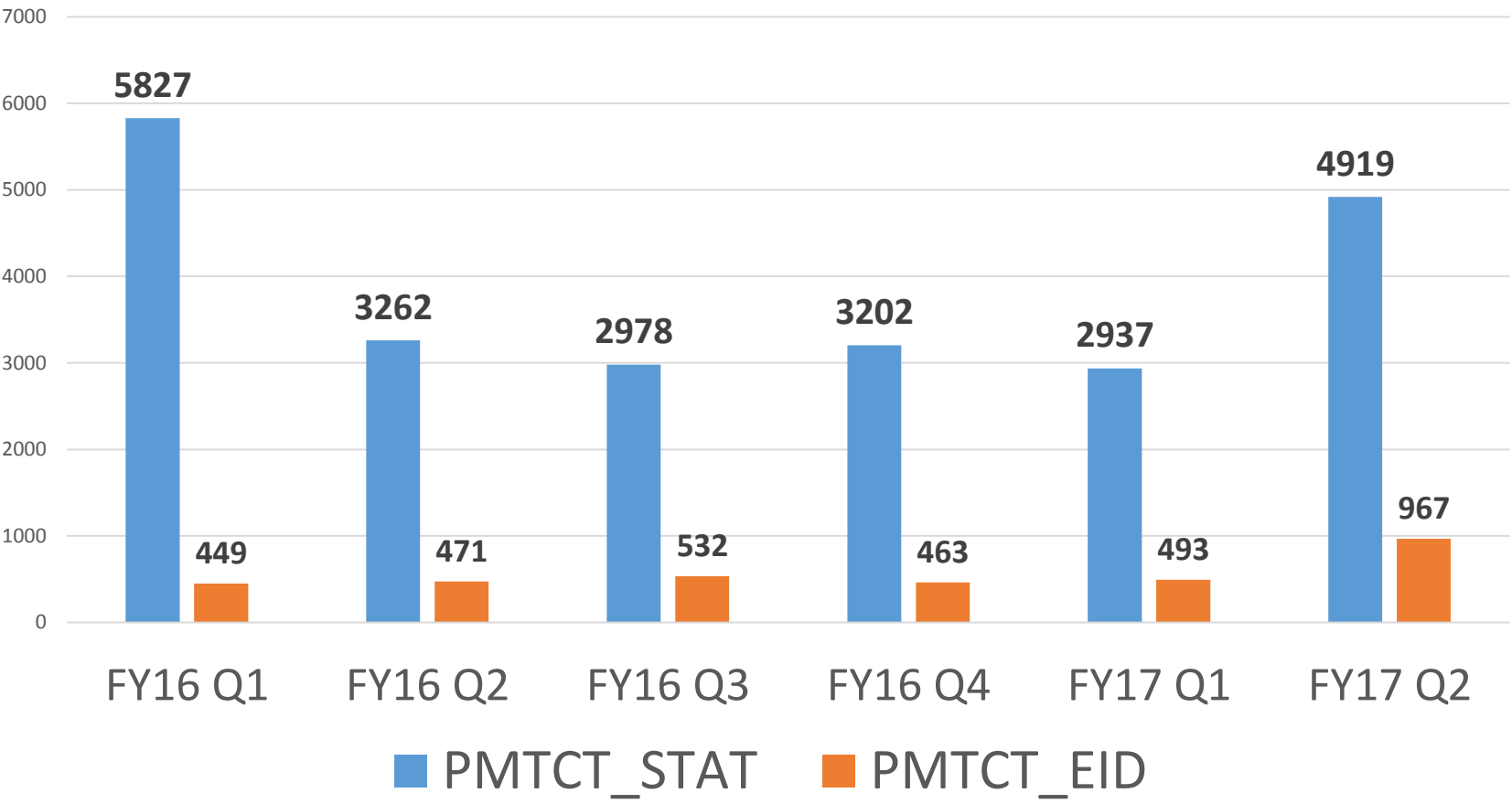
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# Trends in PMTCT\_STAT and PMTCT\_EID by quarter

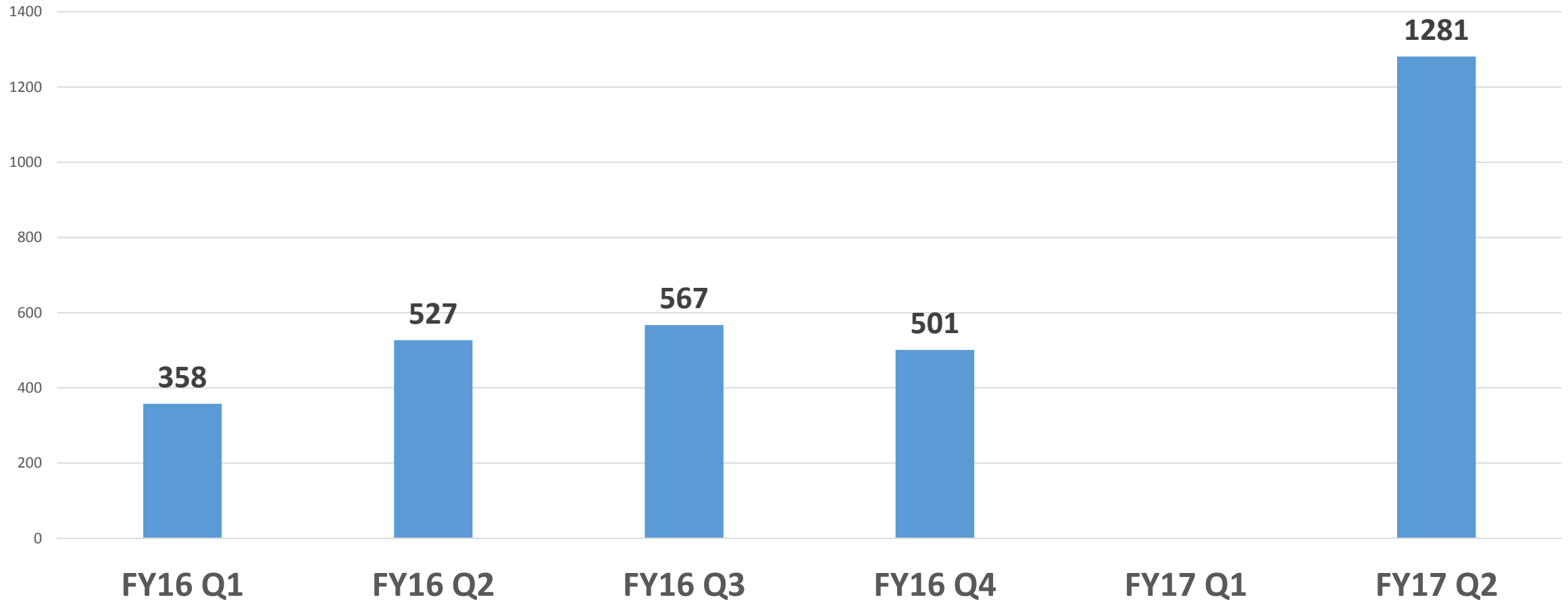
Even though PMTCT\_EID performance under the 40% threshold, trends show an upward trajectory from FY17 Q1 to Q2.



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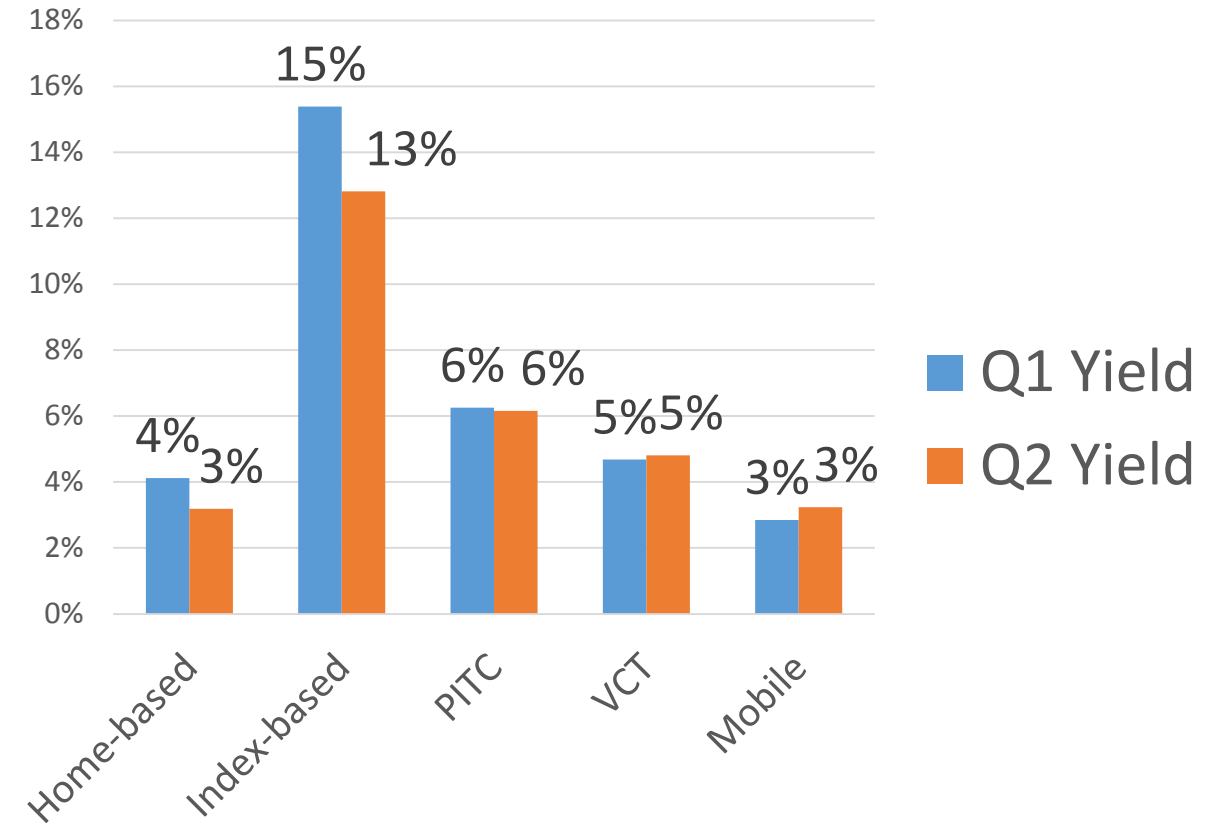
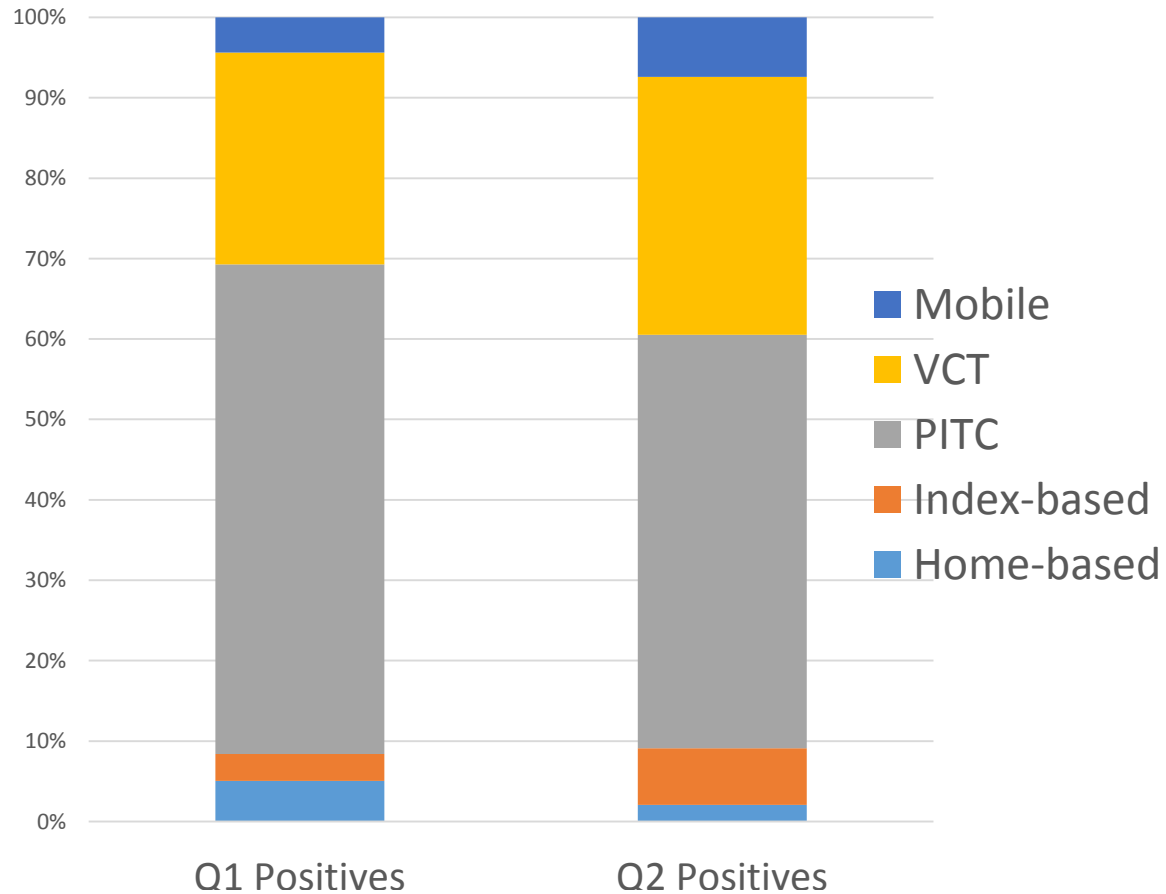
# Trends in TB\_STAT by quarter



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# Distribution of Positives and yield by modality (Q1 and Q2)



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# First 90 – Surge Strategies

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# Aggressive strategies to achieving FY17 targets leading into FY18



- **February 27** – MOHW Senior Leadership Meeting on “Surge” at MOHW HQ led by P.S.
- **March 1** – All Hands with MoHW, Implementing Partners and DHMTs, led by P.S. at PEPFAR/B HQ. Review of New Strategies and targets,
- **March 3** - All DHMT and partner meeting with support from Ambassador Miller
- **March** – DHMTs work with IPs to develop aggressive workplans and localized strategies



# First 90: Surge Implementation

Strategy	Progress
Finalize and Operationalize Partner Notification SoP	<ul style="list-style-type: none"><li>• Final draft shared with MoH and IPs</li></ul>
Prioritize HIV testing in PMTCT settings and partner notification	<ul style="list-style-type: none"><li>• Dedicated HCAs are now at SRH clinics</li></ul>
Finding and testing men	<ul style="list-style-type: none"><li>• Facilities now offer after hours and weekend for men</li><li>• Initiated priority services for men</li></ul>
Expanded Index based testing	<ul style="list-style-type: none"><li>• Partnerships between I-TECH and APC established to follow index clients in communities</li></ul>





# First 90: Surge Implementation Facility/Community Operations

Strategy	Progress
Increase the total number of HCWs and coverage at the service delivery points	<ul style="list-style-type: none"><li>• Recruited 62 community testers</li><li>• 10 facilities were identified with immediate requirements for HCAs</li><li>• Hired and deployed additional HCAs</li><li>• Interviews are underway to recruit additional 30 HCAs</li></ul>
Implement shift work (after hours and weekends)	<ul style="list-style-type: none"><li>• After hours and weekend testing initiated at facilities and communities.</li><li>• Dedicated coverage for Accident and Emergency departments for all hospitals.</li></ul>



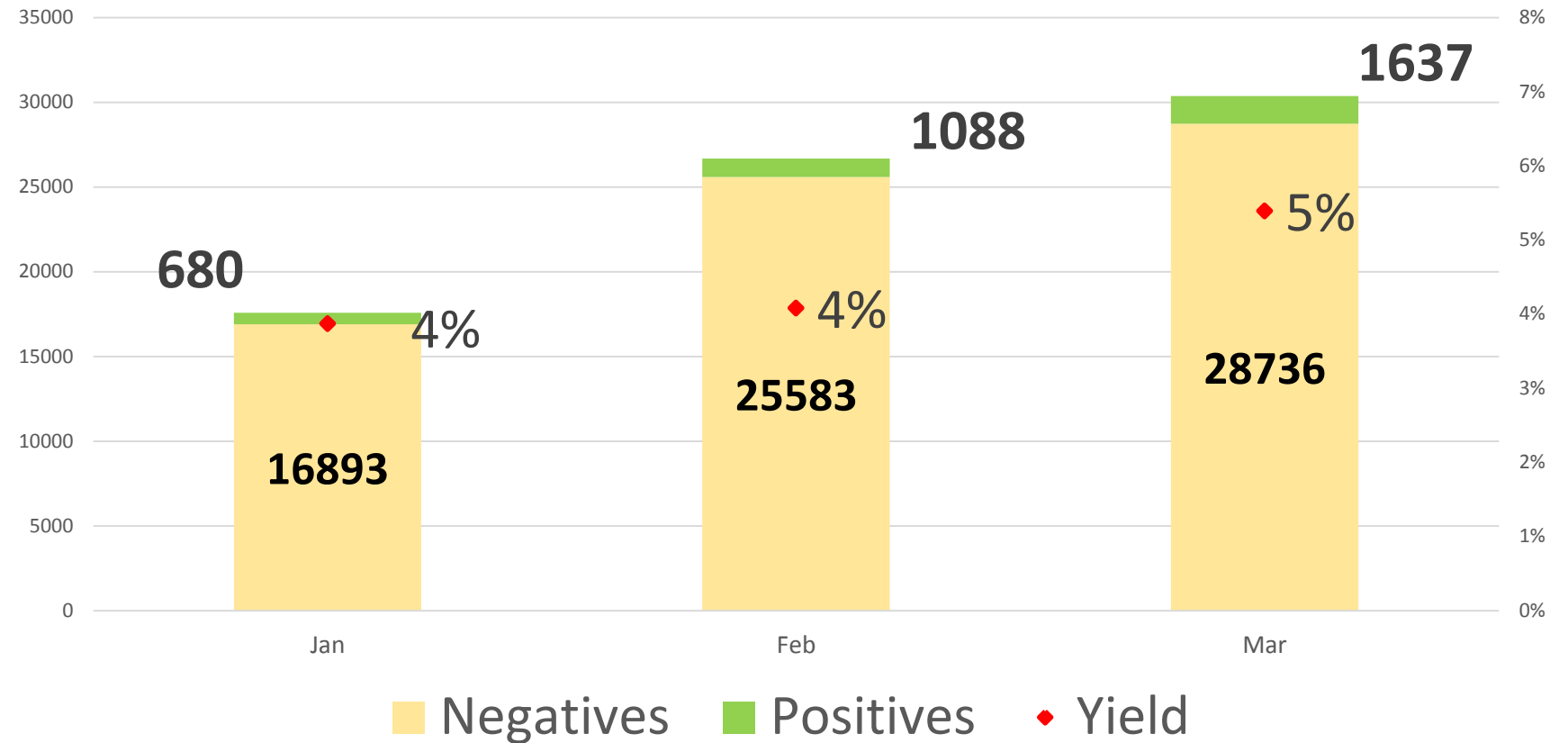
# First 90: Surge Implementation Screening and Testing

Strategy	Progress
ALL TB presumptives and cases	<ul style="list-style-type: none"><li>• Over 90% of TB suspects being tested at I-TECH/UPENN facilities</li><li>• Partnership between UPENN &amp; APC in facilities and communities to enable testing of TB presumptives</li></ul>
ALL STI patients	<ul style="list-style-type: none"><li>• Developed a comprehensive tool to screen patients for STI, TB and positives not on treatment</li><li>• Placed dedicated HCA at the STI clinic in Gaborone.</li><li>• HCAs to screen</li><li>• offer and test at general OPD at large facilities for TB and STI.</li></ul>
ALL In-patients at the hospitals	<ul style="list-style-type: none"><li>• Offering testing to all eligible in-patients at ALL hospitals.</li></ul>



# Testing trends by month for FY17 Q2 [REDACTED]

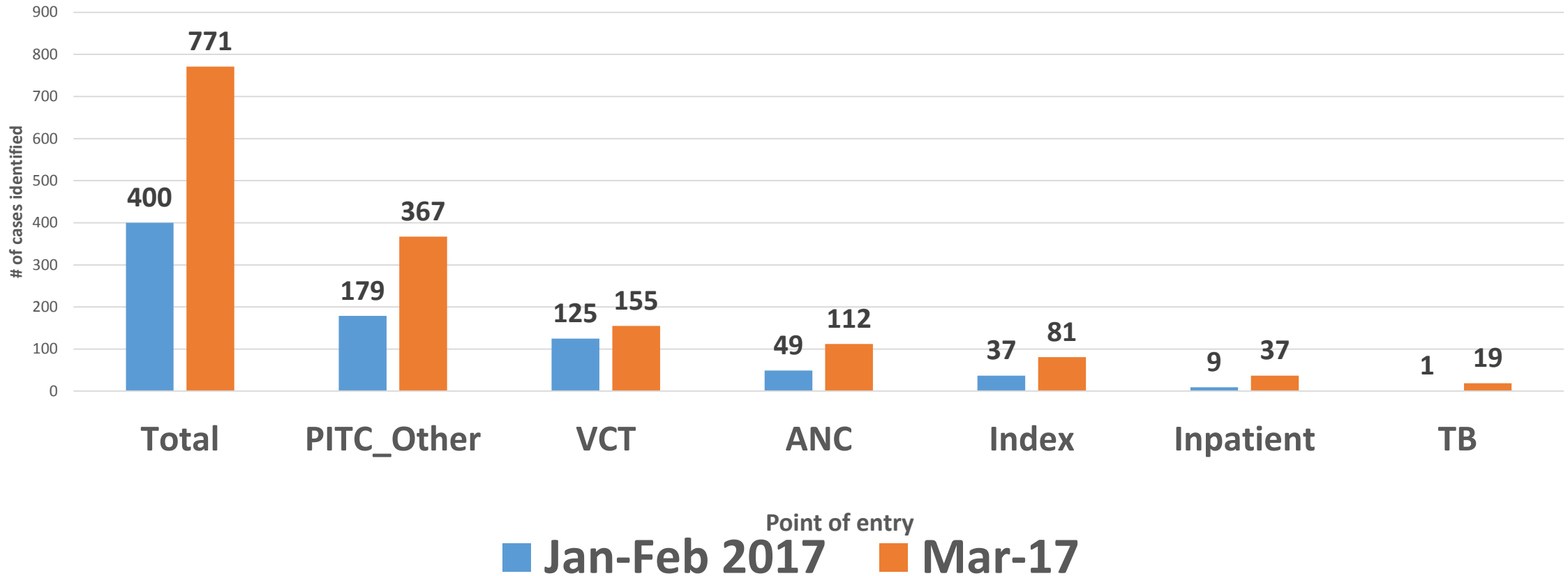
Consistent increase  
in numbers tested  
and positives  
identified in  
the months of Q2



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## Increase in Case Identification by point of entry 37 [REDACTED] supported DSD facilities

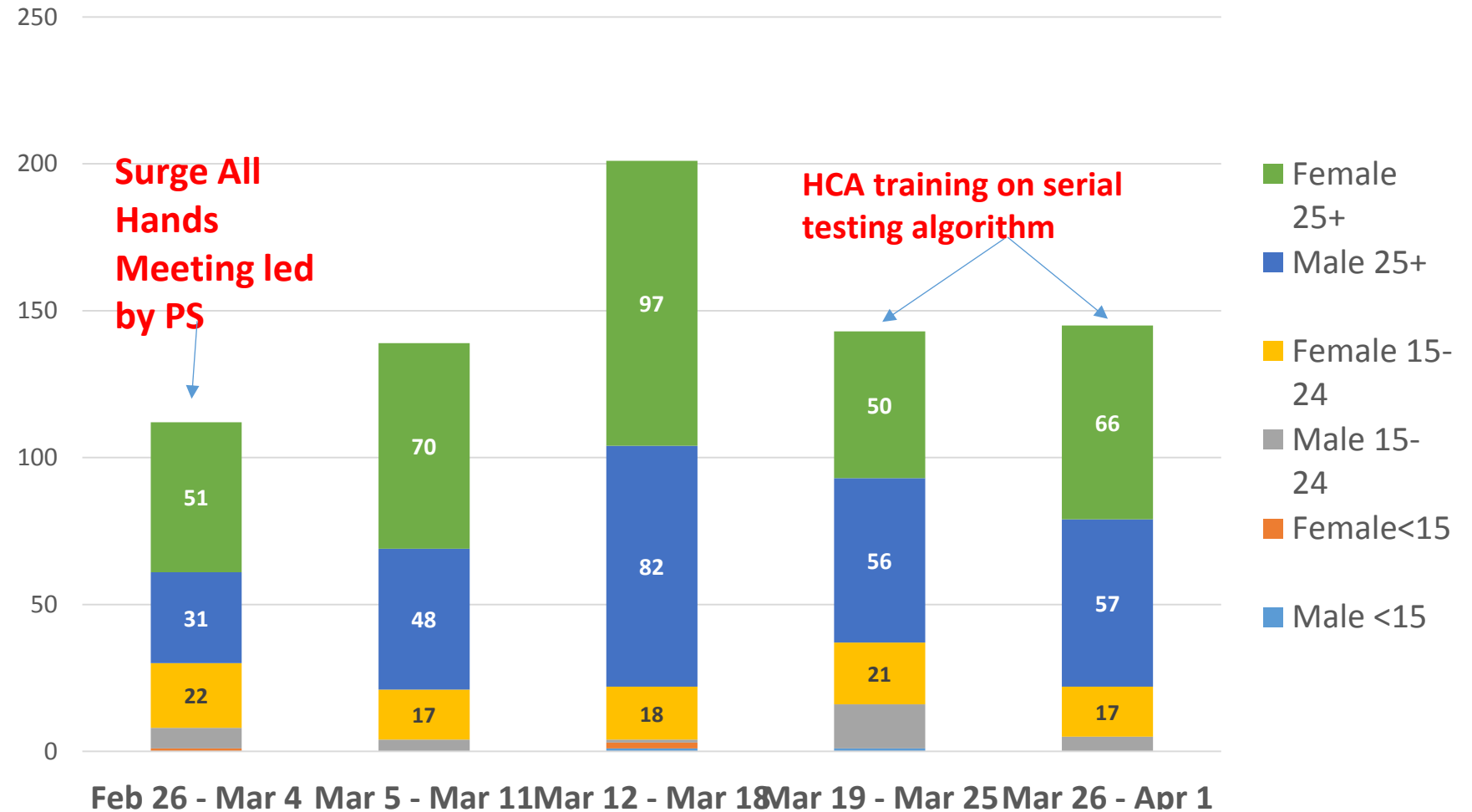


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# Number of positives identified by age/sex band per week

- Increase in number of positives
- identified from week 1 peaking in week 3
- Reduction in positives identified after week 3 due to lay counselors attending serial algorithm training
- More positives identified among older age group (25+) reflecting where there is highest burden of PLHIV



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# HTC Surge Strategy for Q3-Q4 Community



Increasing  
Number of  
CHWs

98 CHW to  
160 CHW

HTC\_TST

Remaining  
FY17 Target:  
**46,076**

160 CHWs, 23  
weeks  
remaining

Each counselor  
to test: **3  
people/DAY**

HTC\_TST\_POS

Remaining  
FY17 Target:  
**5,119**

160 CHWs, 23  
weeks  
remaining

Each counselor  
to find: **1  
PLHIV/WEEK**





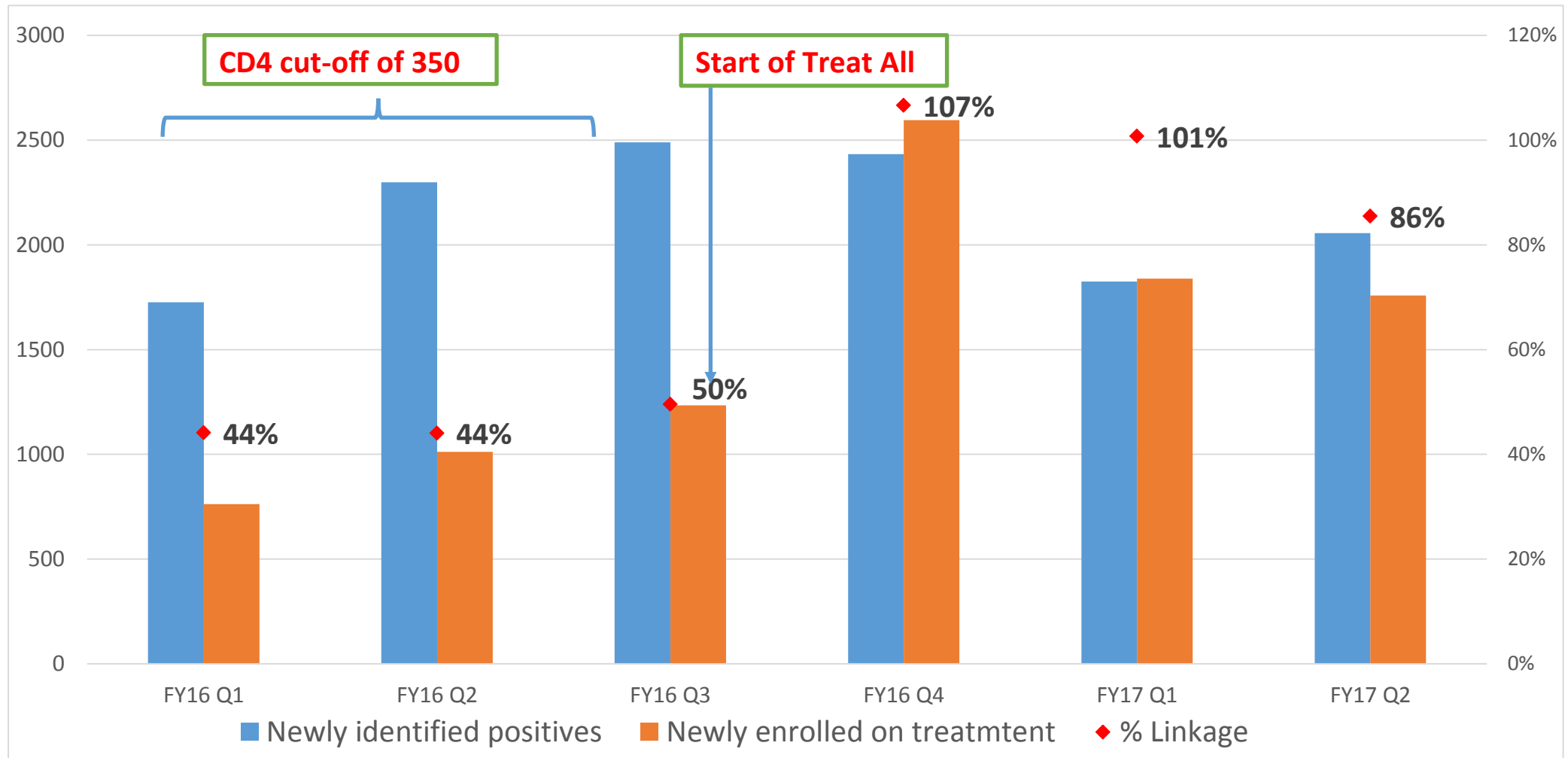
# Linkage to Care and Treatment

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# Trends in linkage to treatment

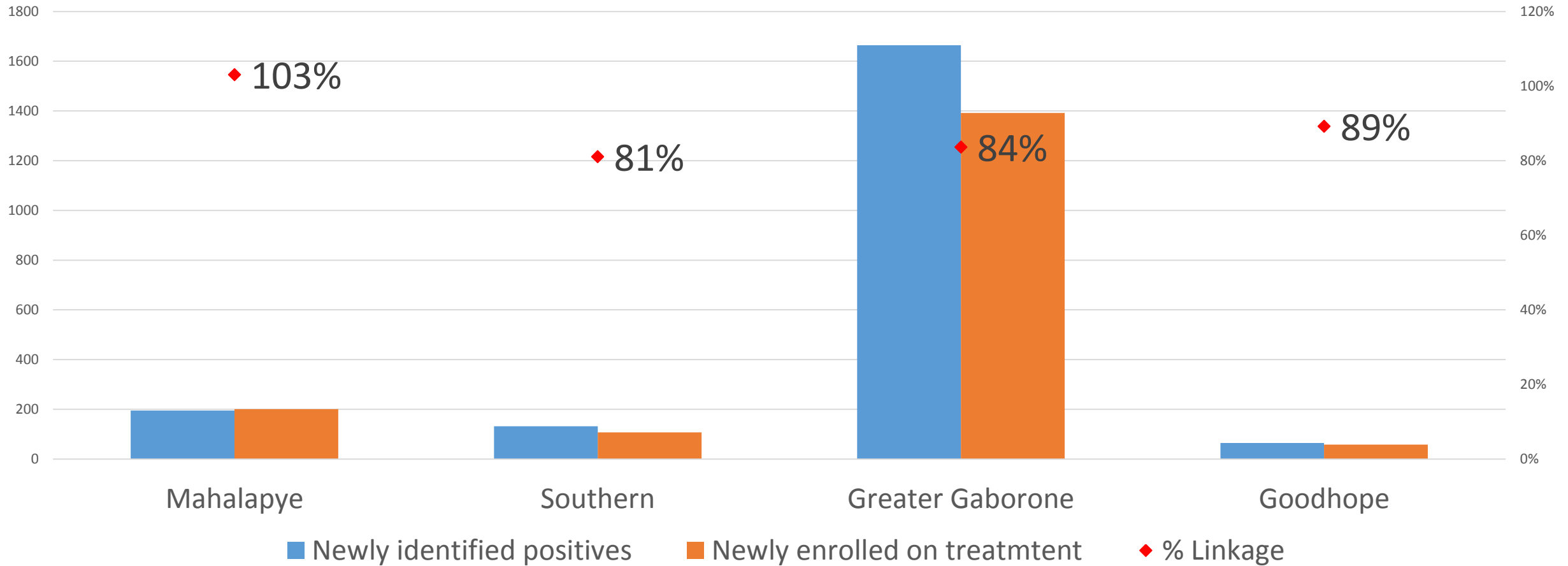
42 facilities  
in scale up  
SNUs where  
both testing  
and  
treatment  
partners  
provide  
support



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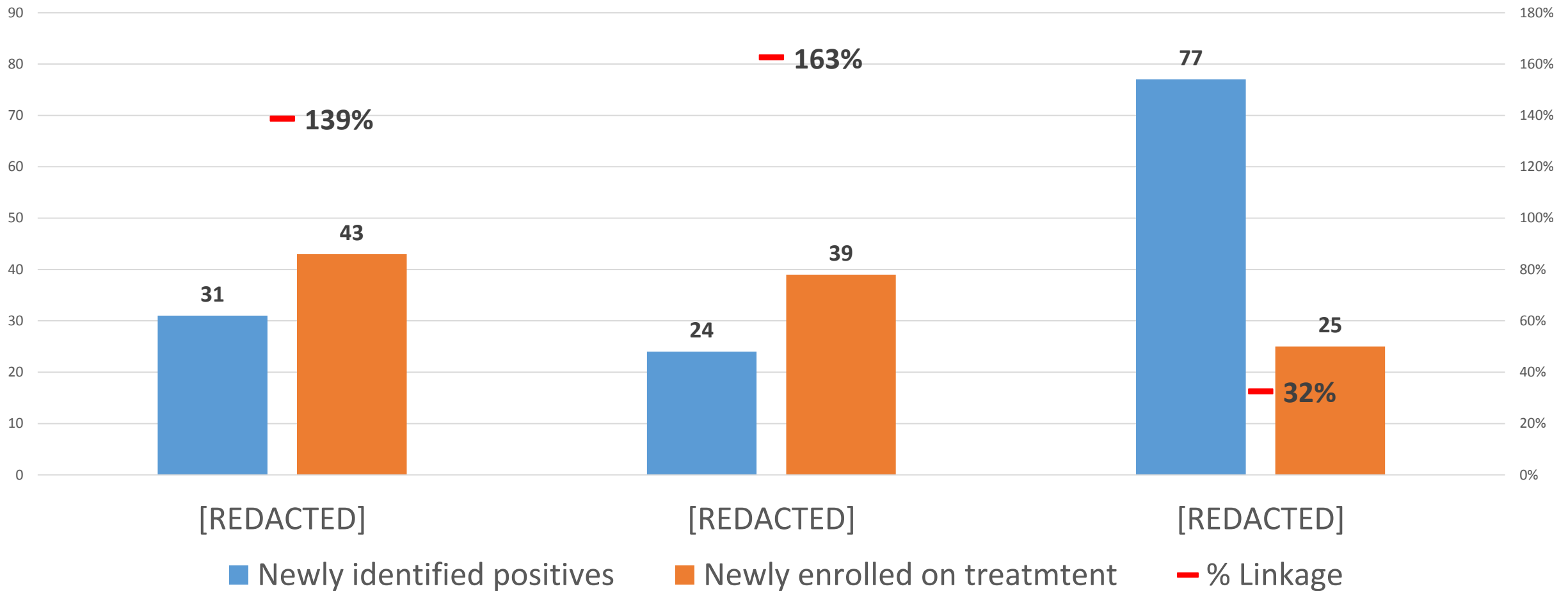
# Linkage to treatment by district by FY 17 Q2



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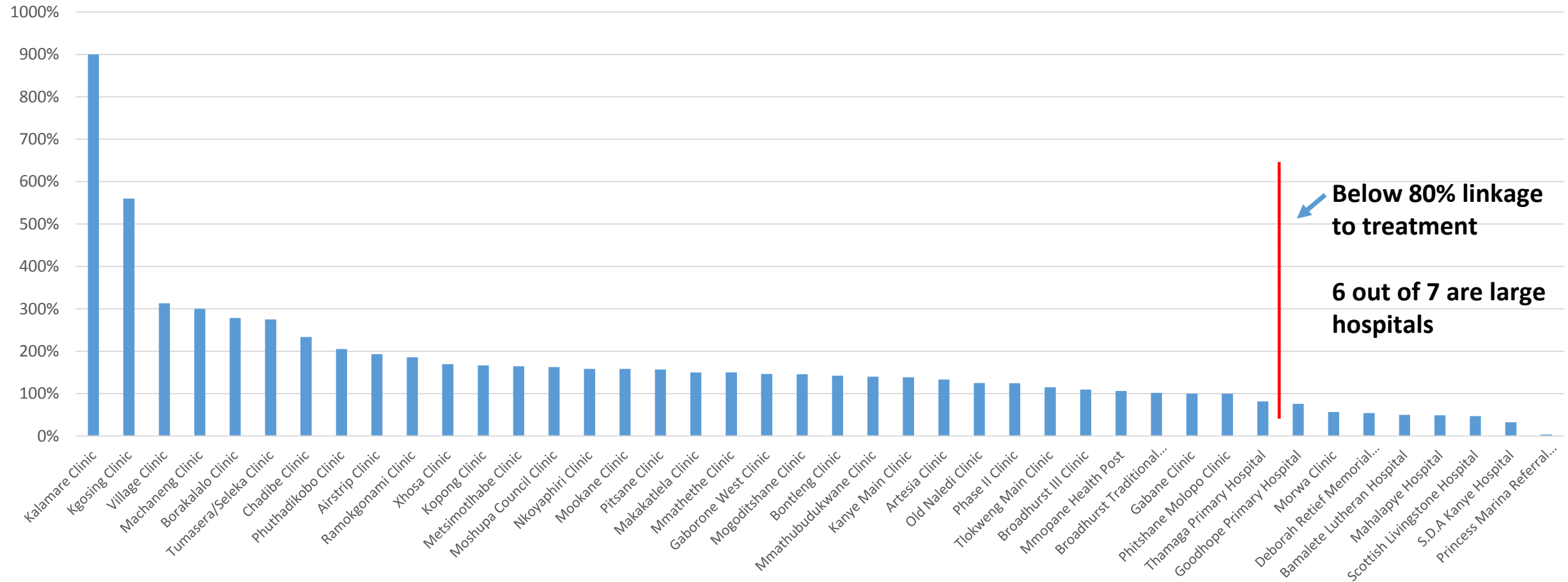
# Linkage to treatment in Southern district facilities by FY17 Q2



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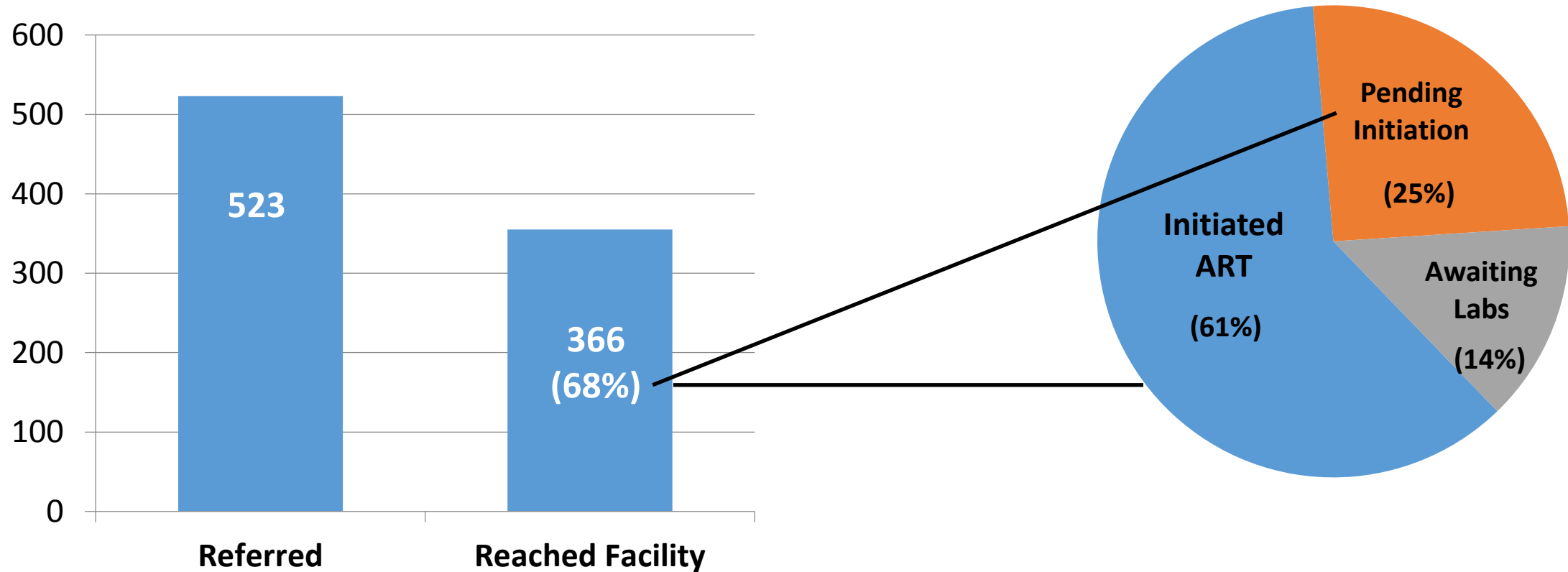
# Linkage to treatment per facility by FY 17 Q2



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# Community Linkage to Care - SAPR17



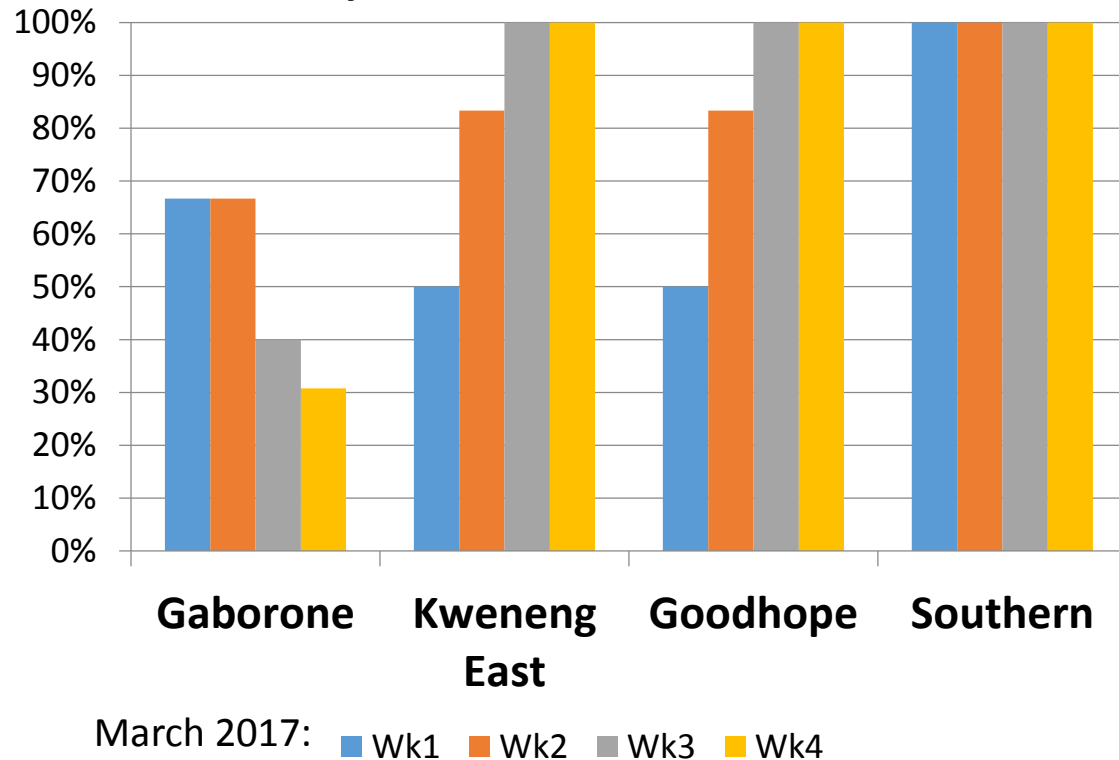
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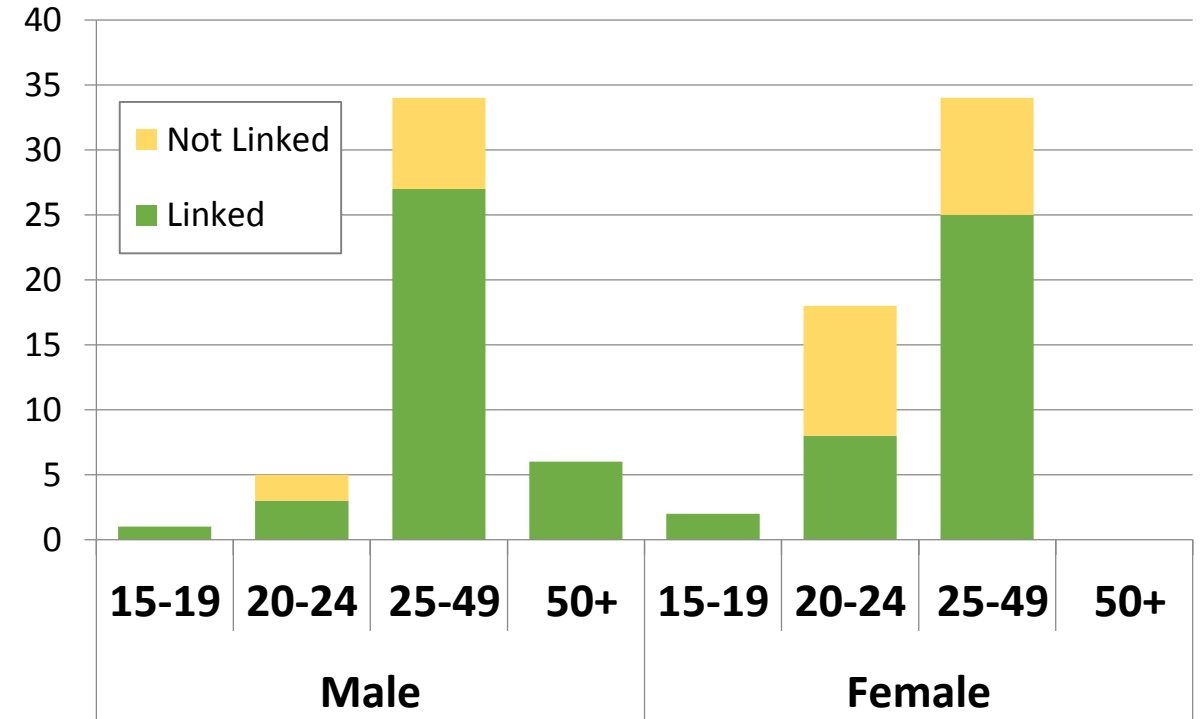


# Community Linkages: March 2017

## Percent of Positives Linked by Week and District



## Sex and Age of Positives Linked and Not Linked



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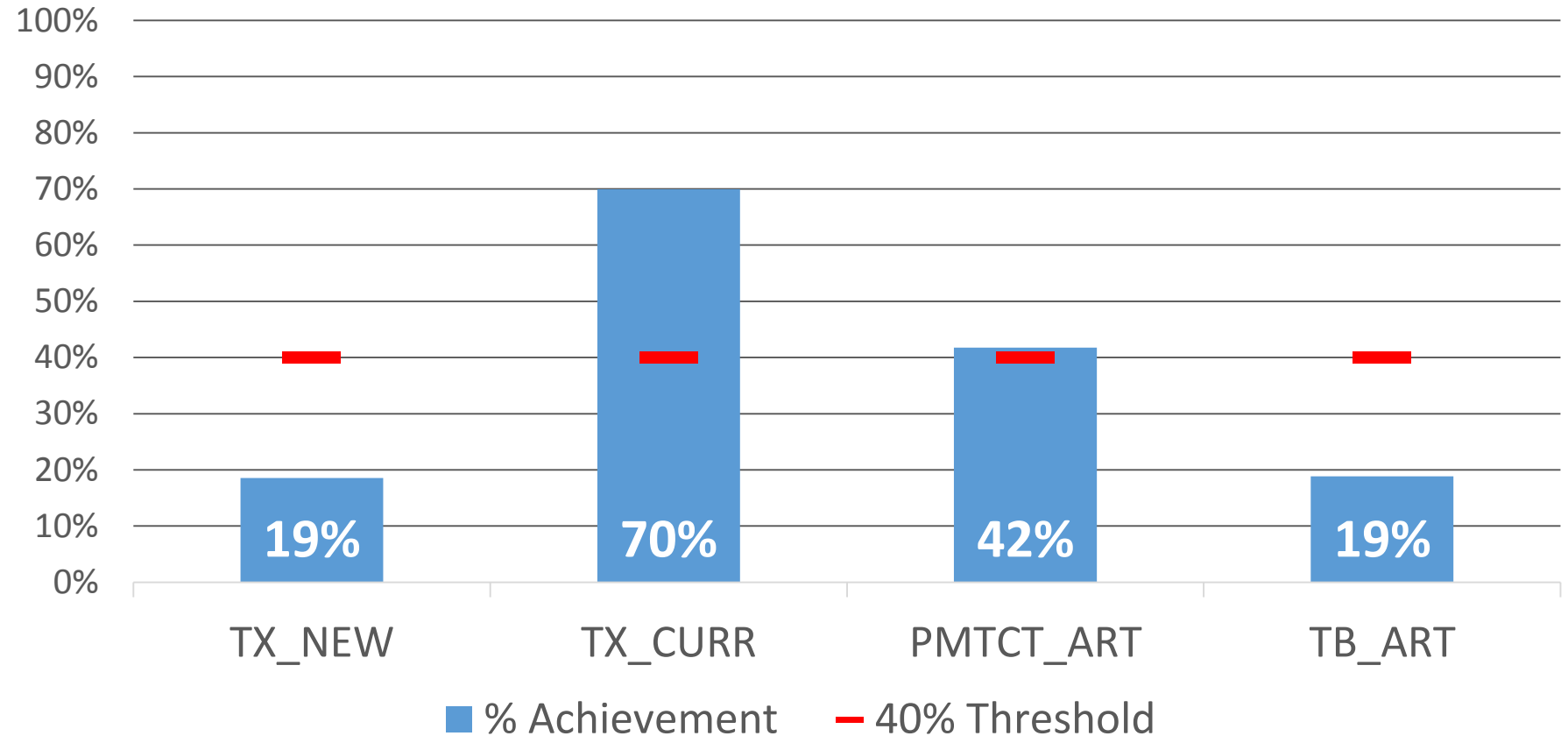
# Second 90 – COP 16 Results through Q2

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## 2<sup>nd</sup> 90: Care and Treatment

- Good achievement for PMTCT\_ART and TX\_CURR
- Low achievement for TB\_ART and TX\_NEW

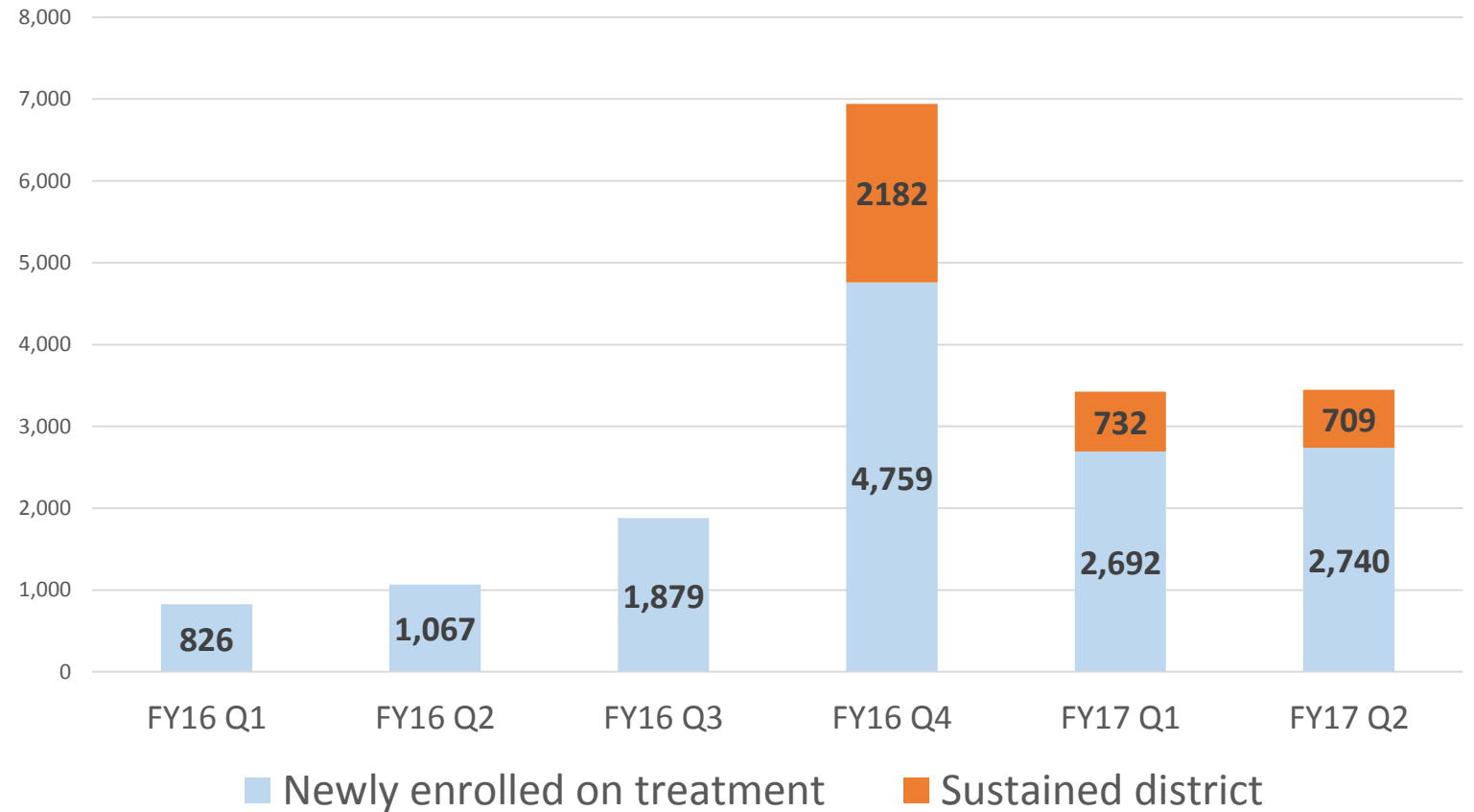


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# Trends in TX\_NEW by quarter

- Bump in Q4 results showing the benefits of Treat All (June 2016 start)
- Sustained TX\_NEW results for Q4 are cumulative for the whole year (FY16)
- TX\_NEW numbers maintained at higher levels in FY17 compared to FY16

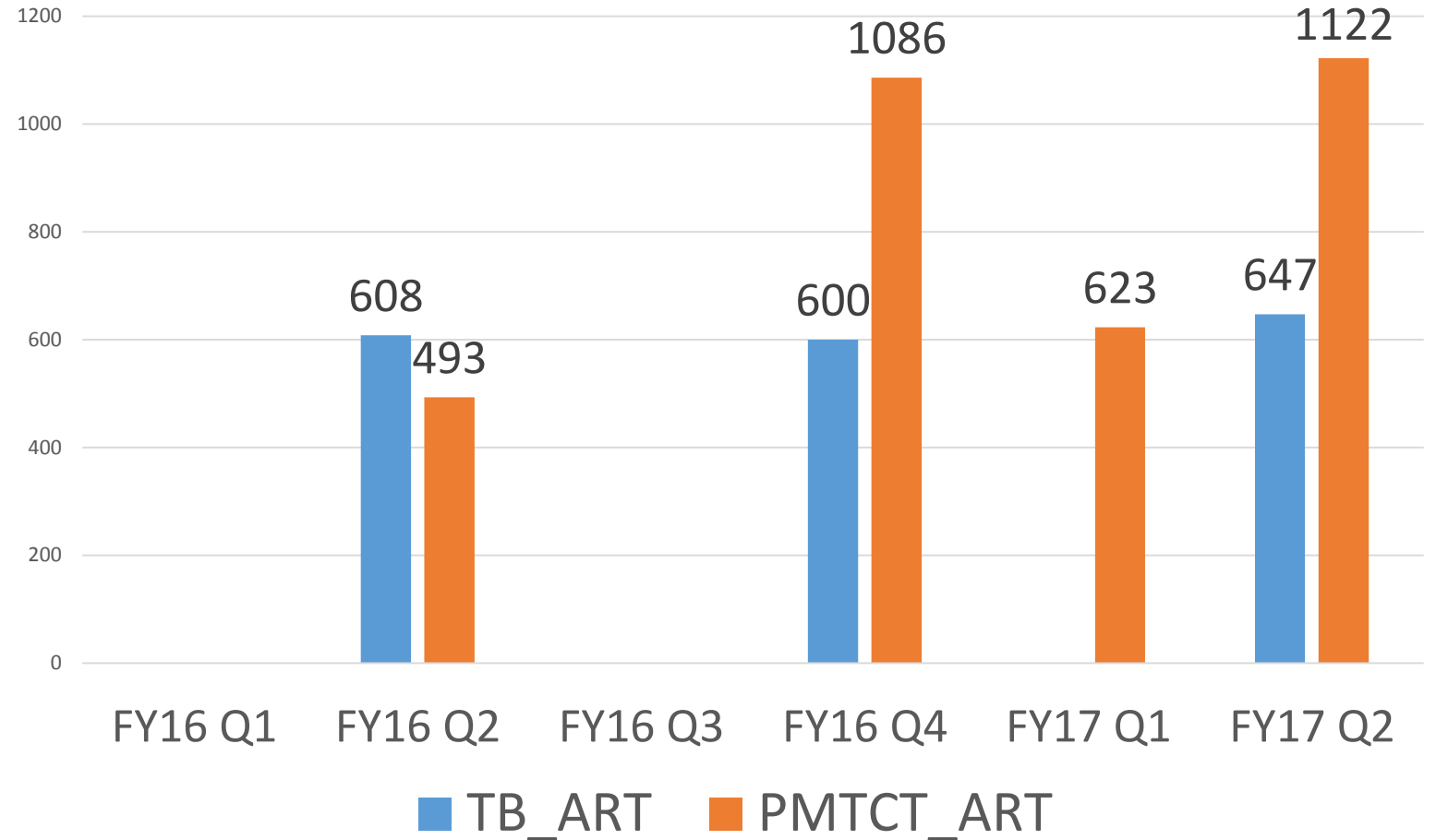


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# Trends in PMTCT\_ART and TB\_ART by quarter

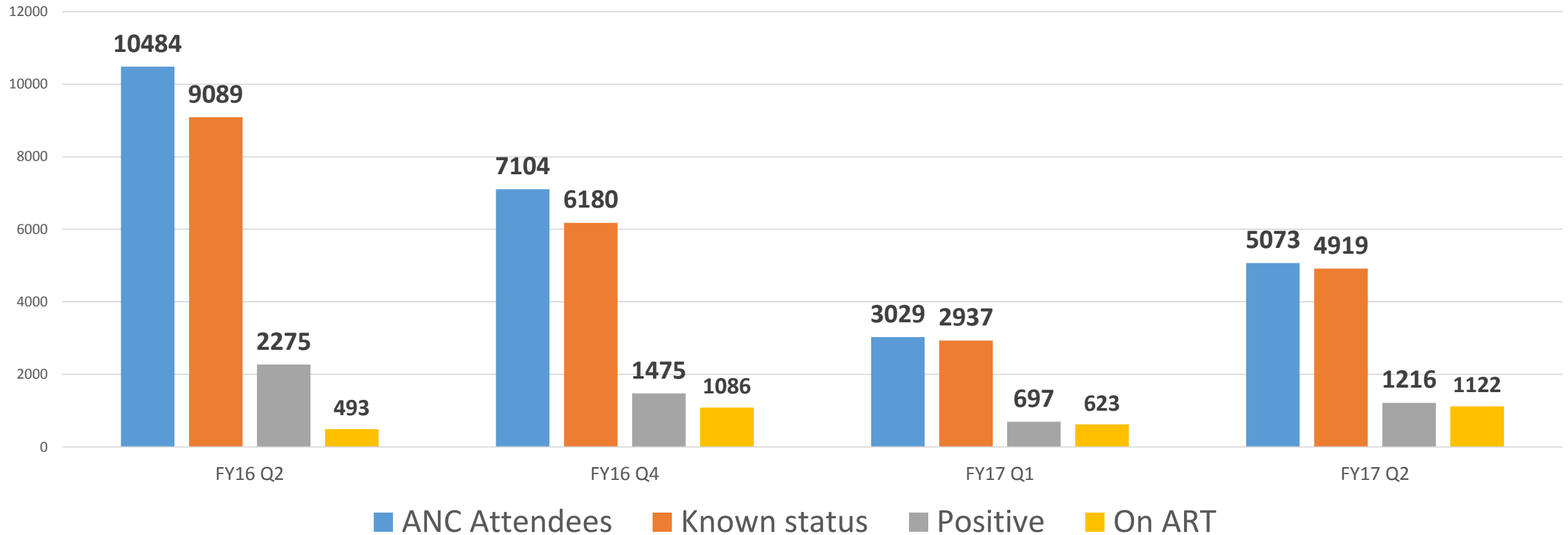
- Constant numbers for TB\_ART achieved across quarters
- Increase in PMTCT\_ART across quarters, almost doubling from Q1 to Q2 of FY17



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# PMTCT Cascade

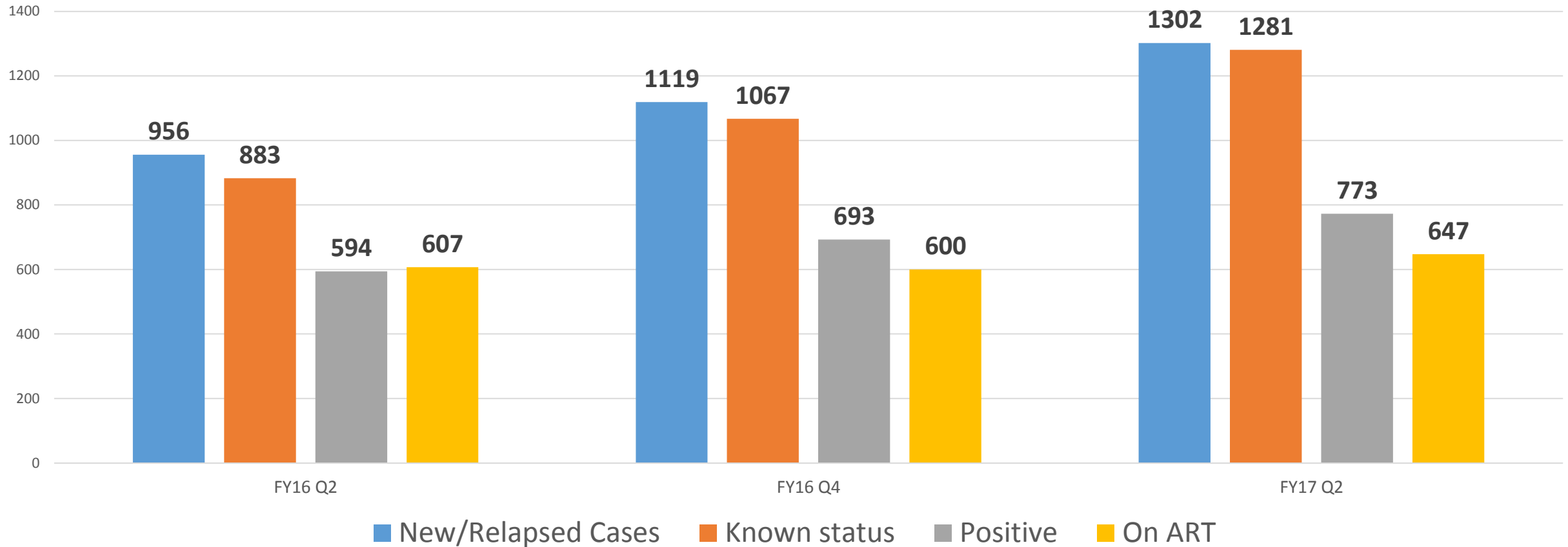


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# TB Cascade



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# Second 90 – Surge Strategies

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# Second 90: Surge Implementation

Strategy	Progress
Fast tracking of ART initiations	<ul style="list-style-type: none"><li>• Reduced waiting times</li><li>• Reduced multiple pre-initiation visits</li><li>• Introduced fast track initiations</li><li>• Trained 87 nurse dispensers</li></ul>
Review facilities process to minimize delays in initiation	<ul style="list-style-type: none"><li>• Group Pre ART education and baselines test not a pre requisite</li></ul>
Rapid dissemination of revised ART guidelines	<ul style="list-style-type: none"><li>• Currently on hold</li></ul>



# Second 90: Surge Implementation

Strategy	Progress
Expand ART services to evening and weekends to targeting men	<ul style="list-style-type: none"><li>• <b>Some districts expanded ART services to weekends</b></li></ul>
Establish the backlog of patients who require treatment from HTC registers or patients not initiated (includes TAP stopped)	<ul style="list-style-type: none"><li>• <b>Ongoing activity</b></li></ul>



# Second 90: Surge Implementation

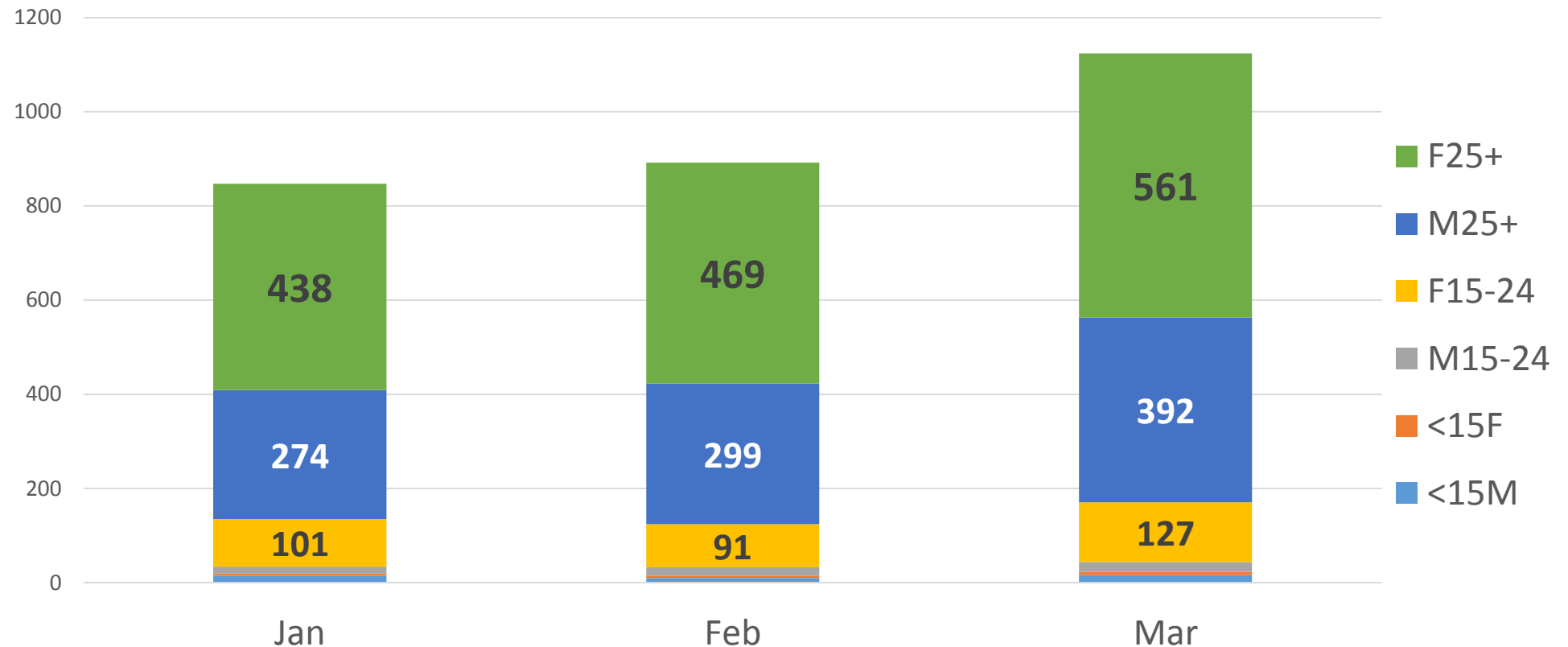
Strategy	Progress
Strengthening linkage from testing to treatment	<ul style="list-style-type: none"><li>• 38 FBLO recruited in scale up districts.</li><li>• Improved patient care navigation processes at facilities</li></ul>
Establish monitoring of surge process	<ul style="list-style-type: none"><li>• Monitoring tools developed and used by IPs</li></ul>
Strengthen Patient treatment literacy	<ul style="list-style-type: none"><li>• Health Education now routine</li><li>• Developing client literacy material with DHAPC</li></ul>



# Trends in TX\_NEW by month [REDACTED]

Bump in  
TX\_NEW results  
in March

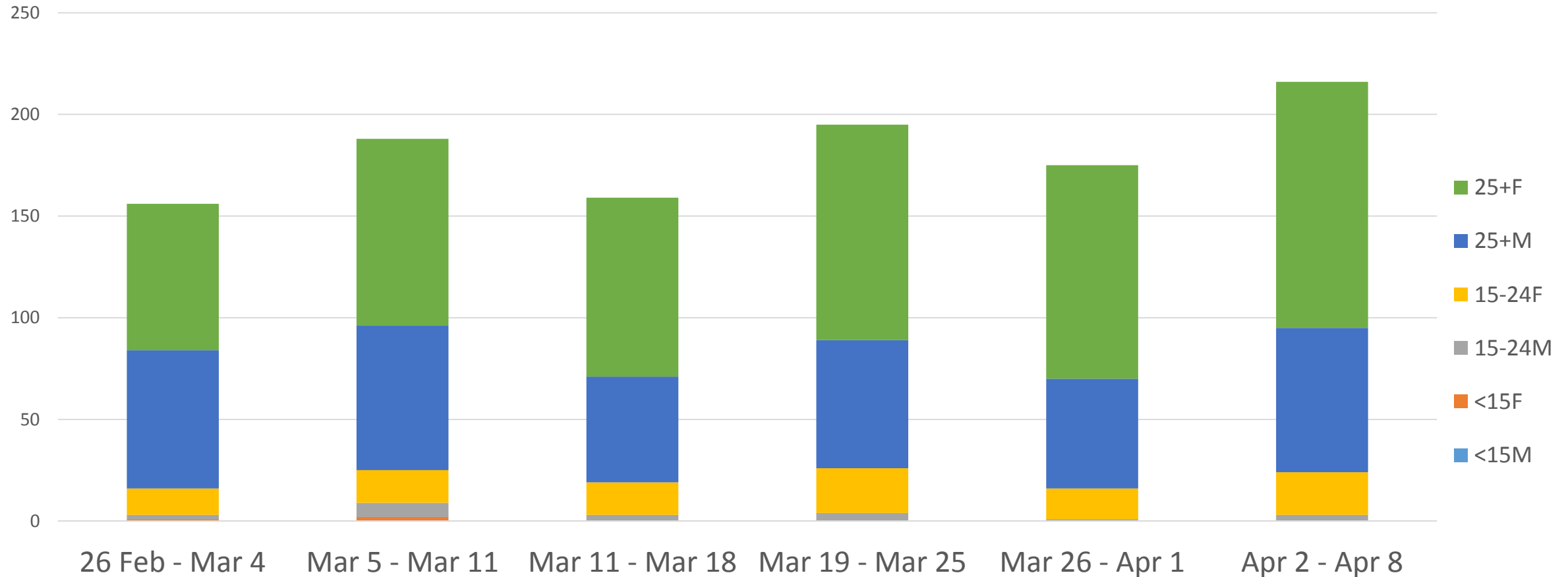
Older age group  
contributing  
more to  
TX\_NEW  
consistent with  
the burden



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# Trends in TX\_NEW by age/sex and week



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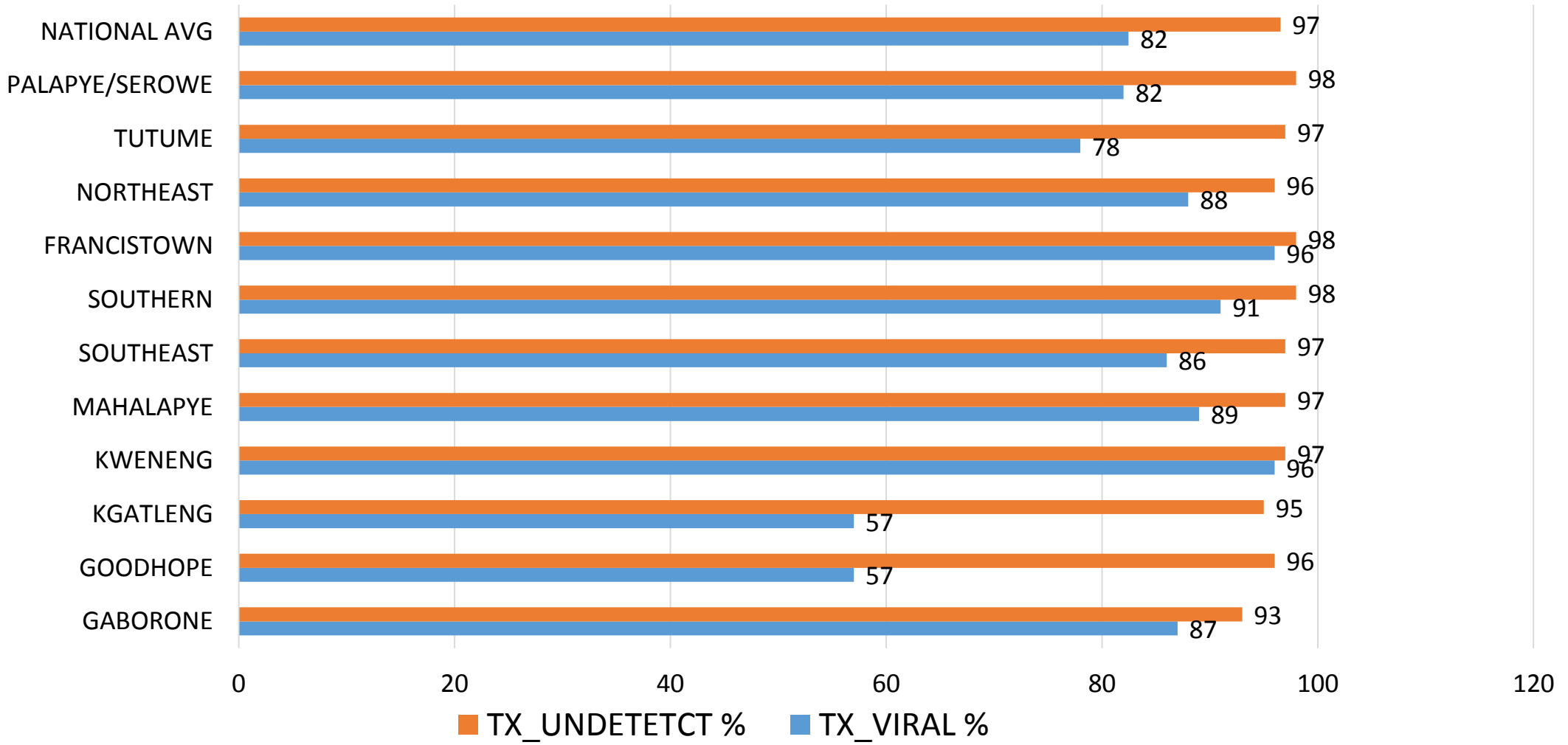
# Third 90

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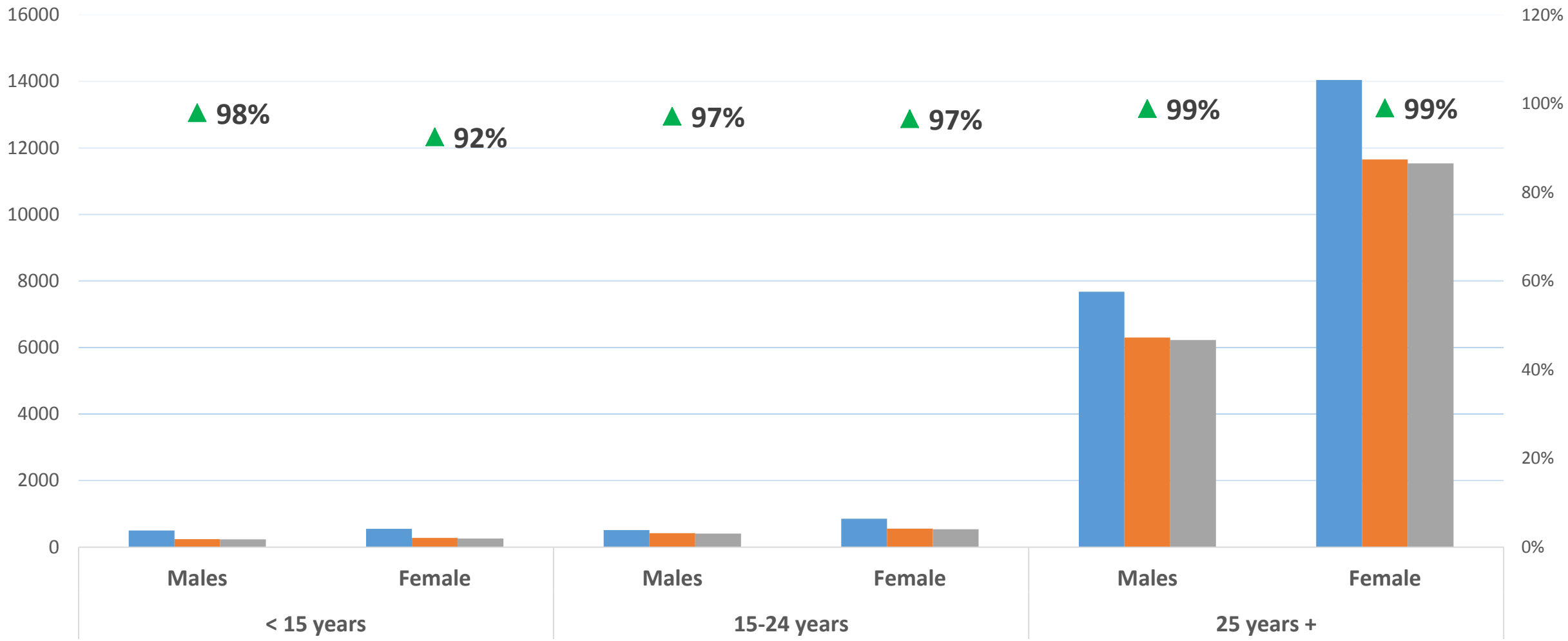
# FY 16 Viral Load Uptake and Suppression By District





# FY 16 Viral Load Suppression (30 facilities)

■ TX\_CURR (FY16)   ■ TX\_CURR with viral load done   ■ # virally suppressed   ▲ Viral suppression rate



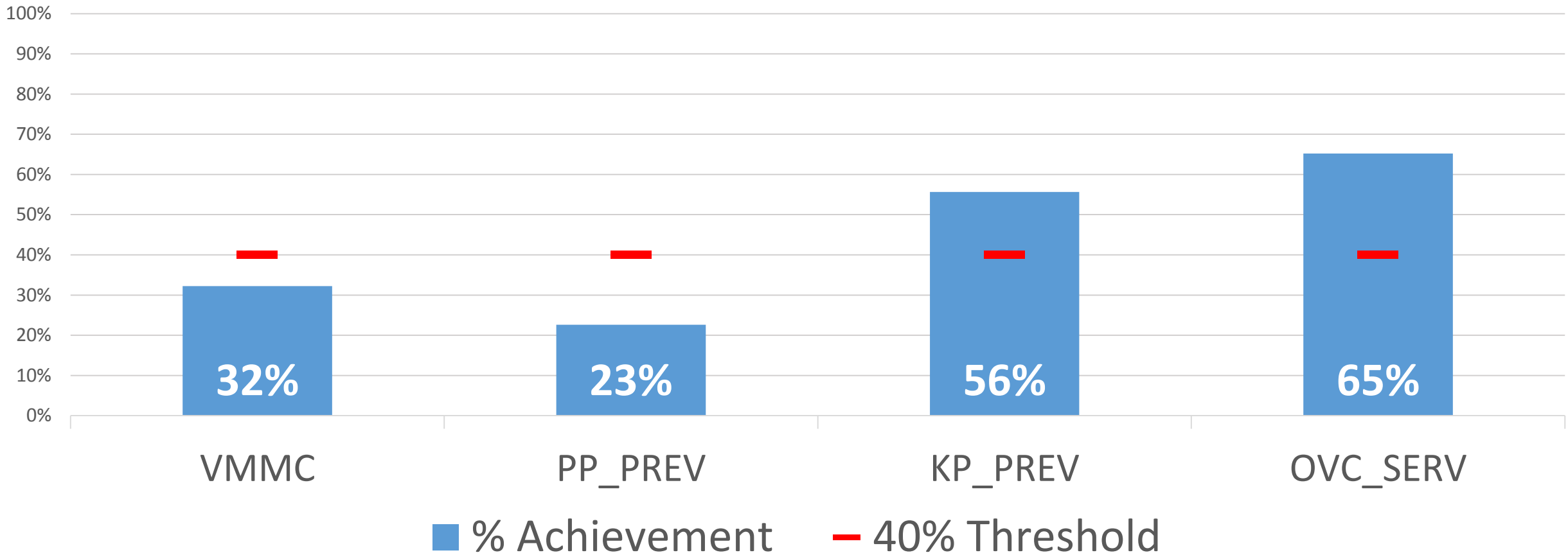


# **COP 16 Results through Q2 Prevention, VMMC and OVC**

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# Prevention and OVC through Q2

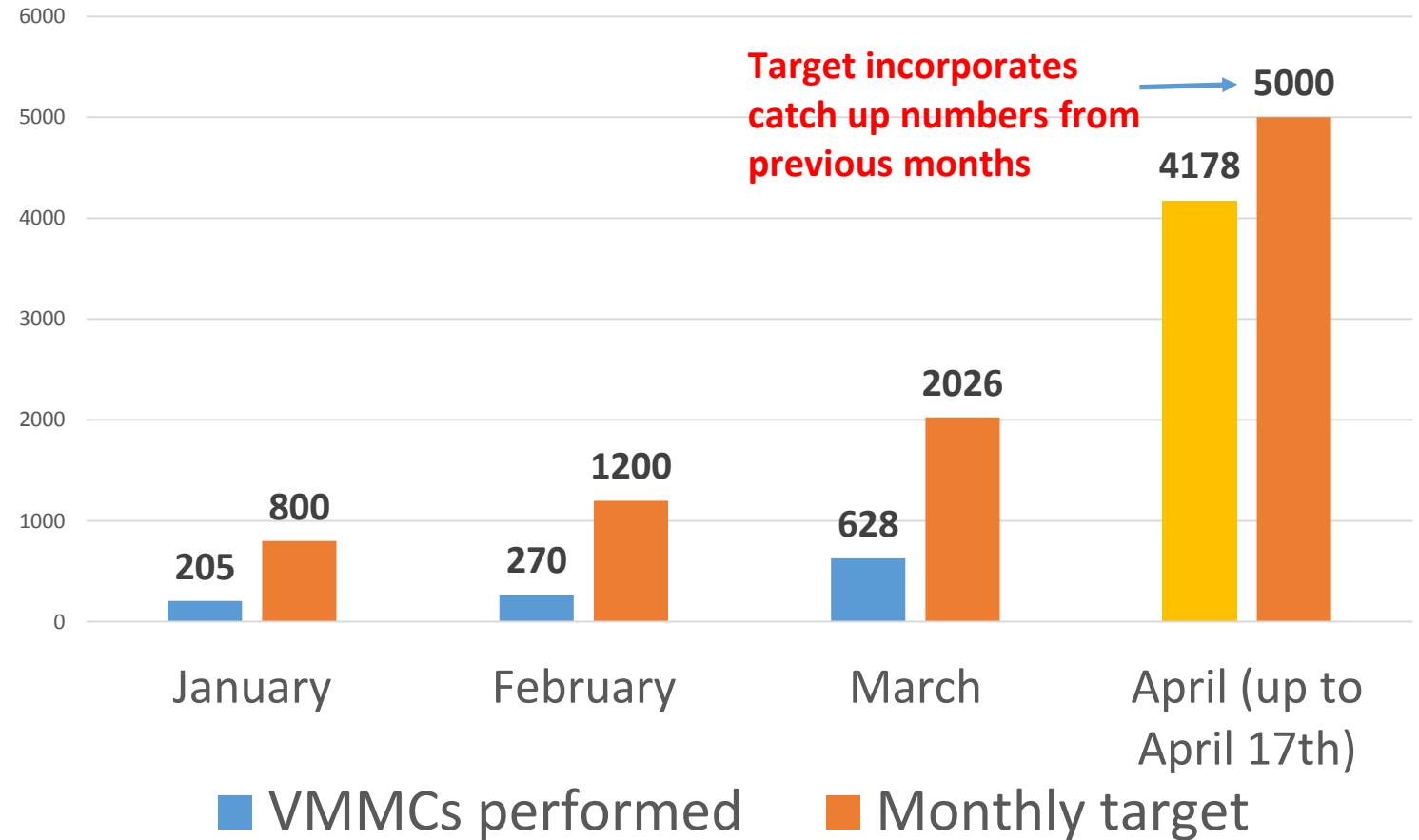
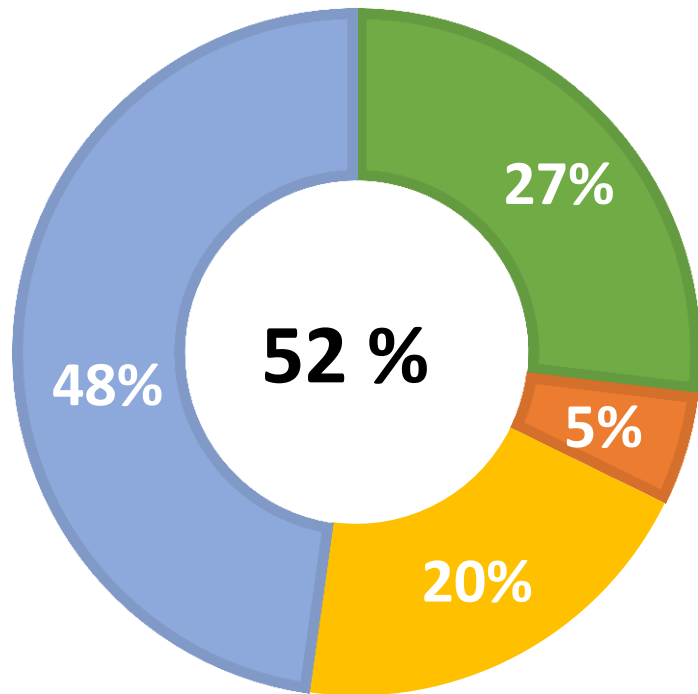


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# VMMC COP16 Achievements Q1 & Q2 plus 17 days in April

■ Q1 ■ Q2 ■ Q3-April Only ■ Remaining



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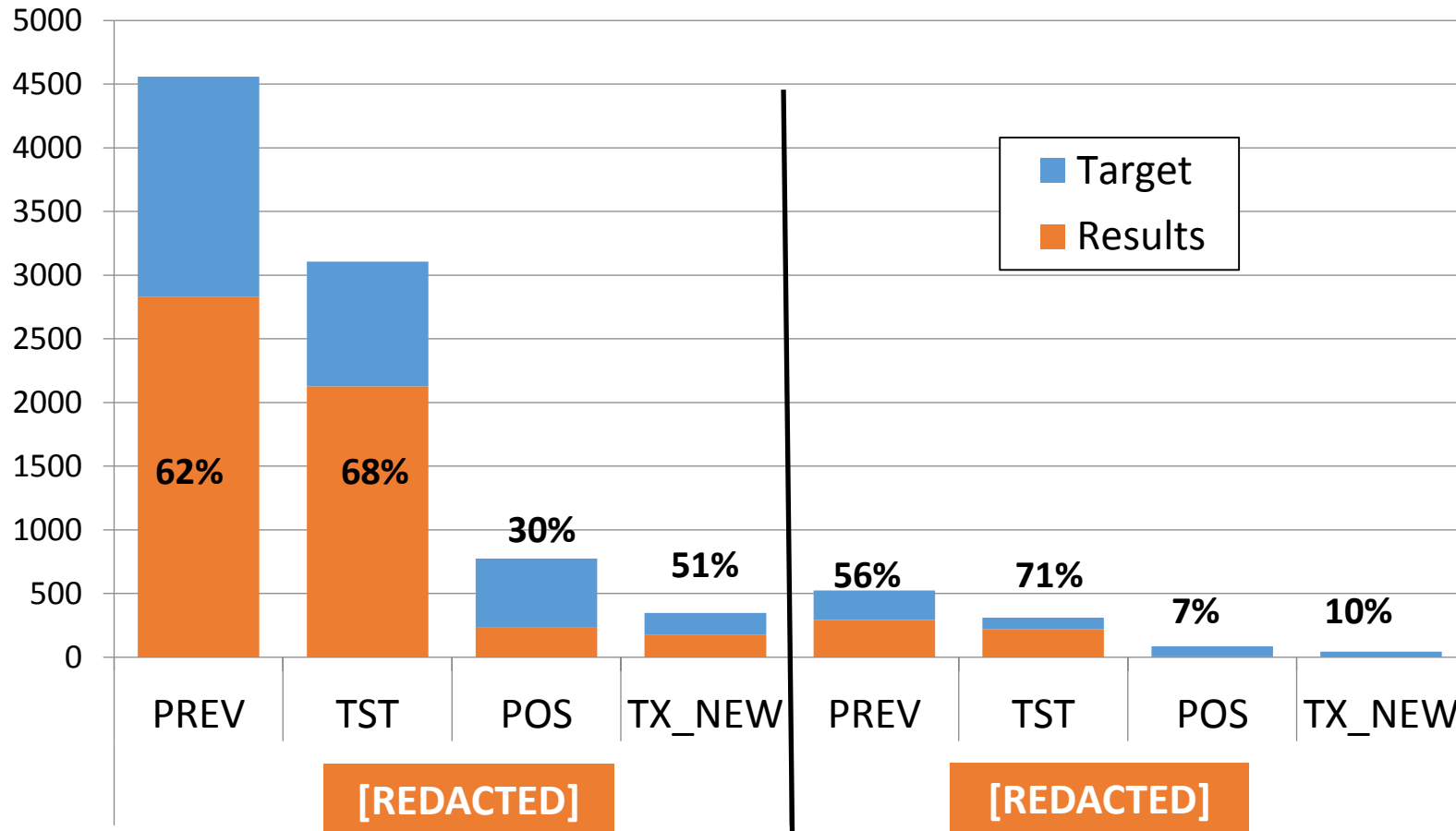


# Key Populations

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# Key Populations: Achievement Against Targets, SAPR17



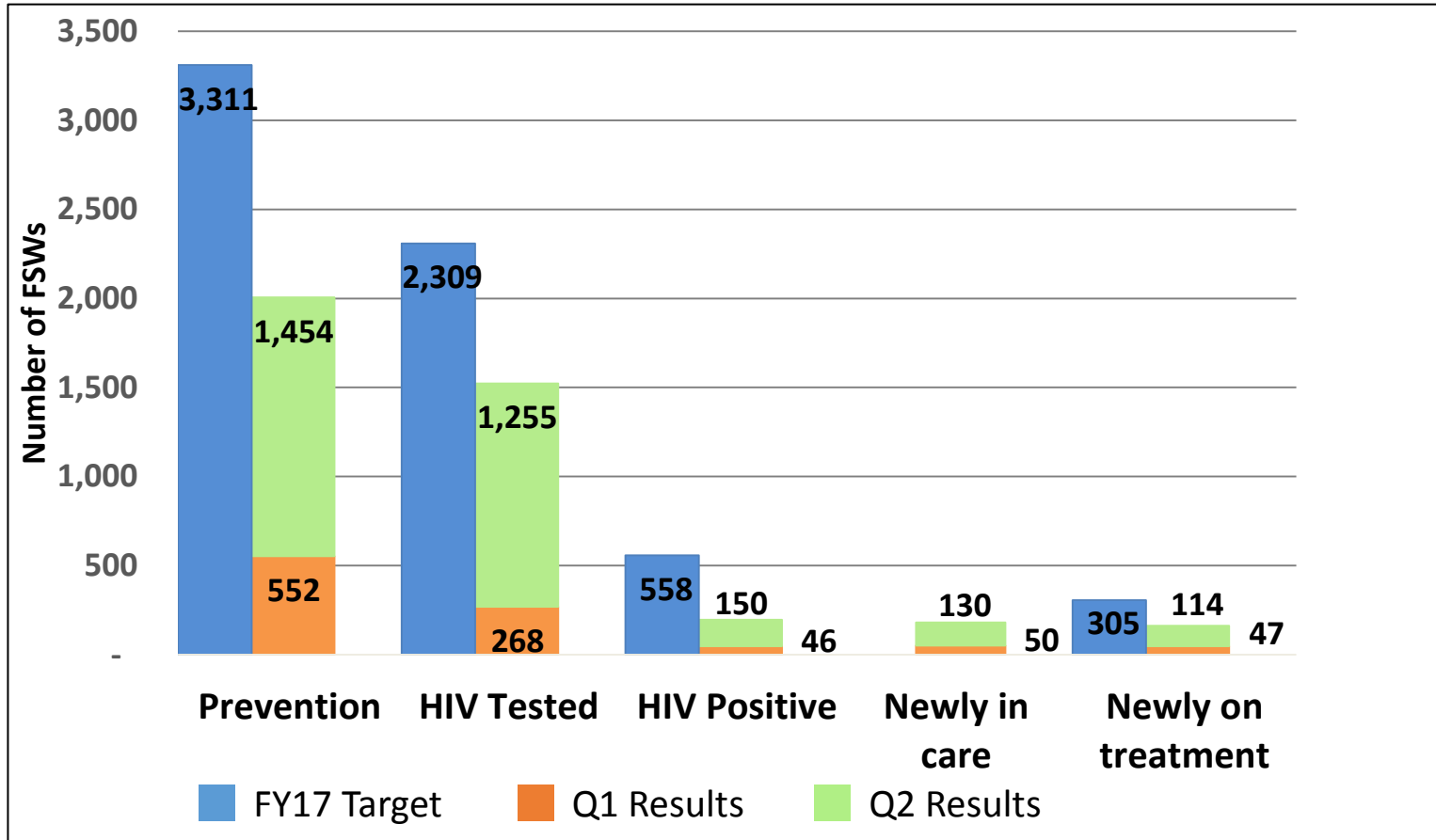
## Highlights

- Exceeded 50% on all targets except HTC\_POS and TX\_NEW in Chobe
- Prevention and Testing more than doubles in Q2, although Yield declined
- [REDACTED]

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# FSW Cascade: [REDACTED] SAPR FY17



## Highlights

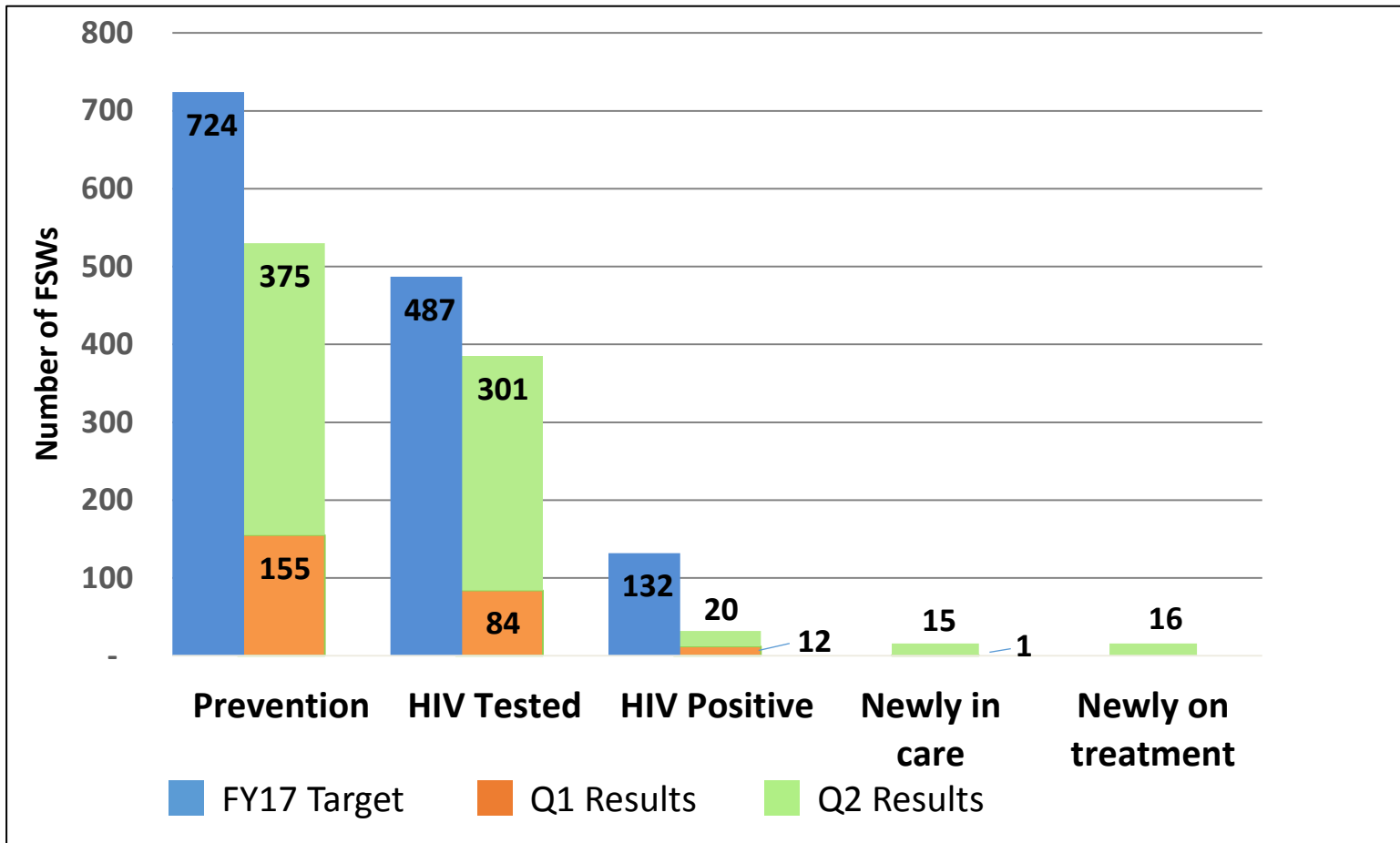
- 76% of those reached with Prevention tested for HIV (1523/2006)
- 13% Yield
- 91% of HIV+ were linked to care (180/196)
- 82% of HIV+ initiated treatment (161/196)

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# MSM Cascade: [REDACTED] SAPR FY17



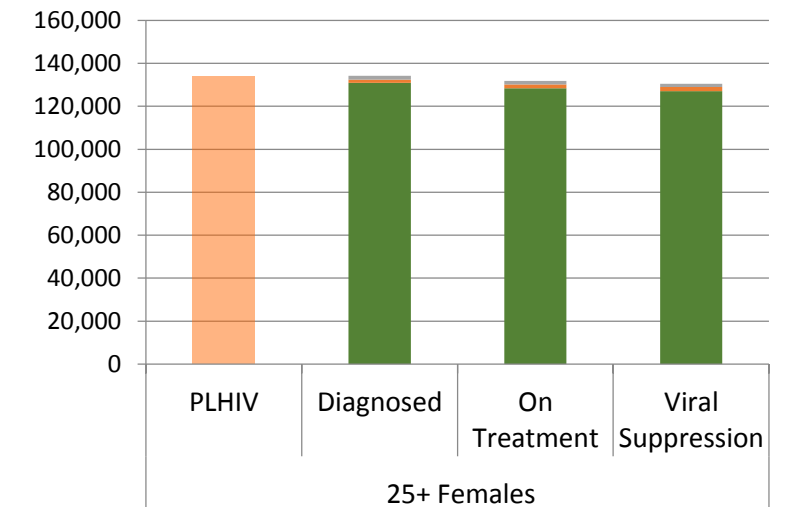
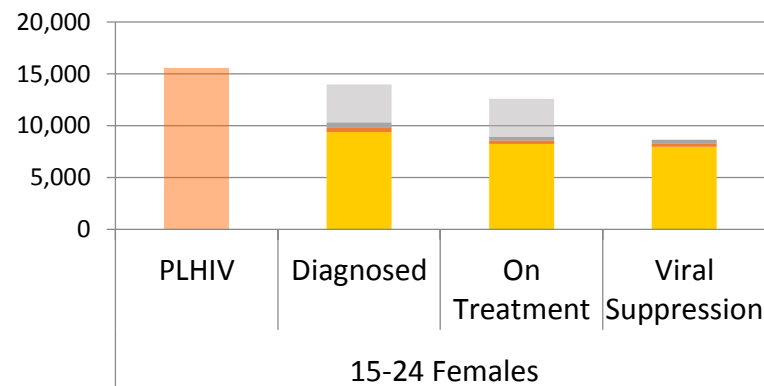
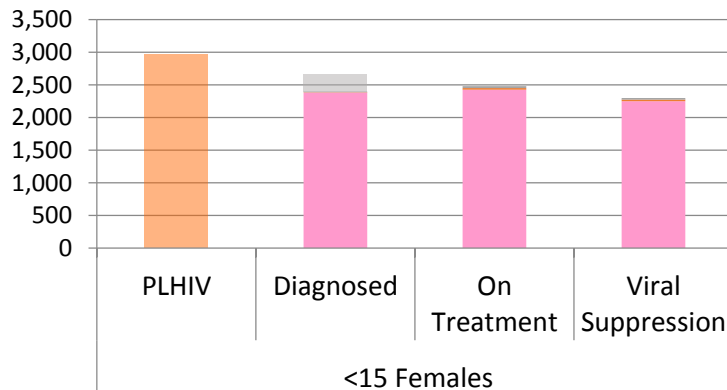
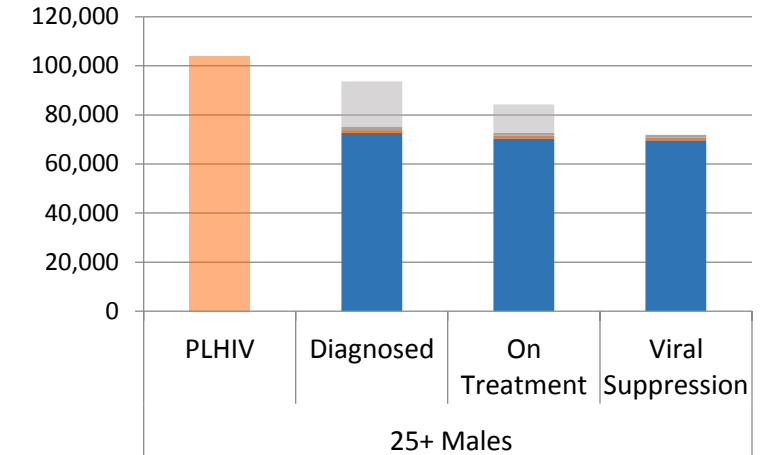
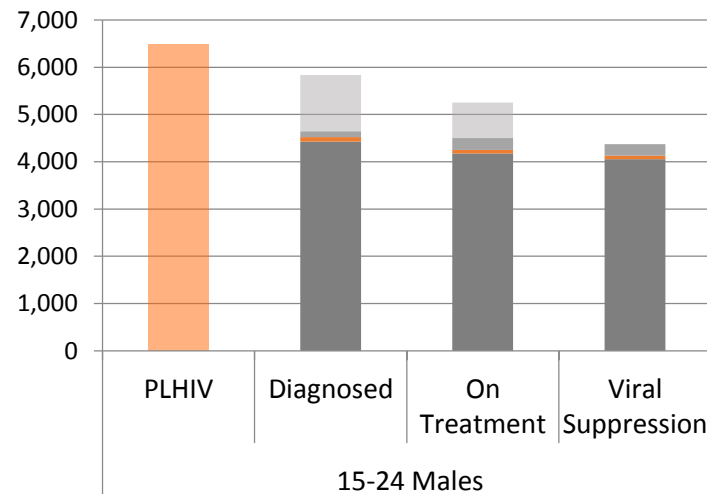
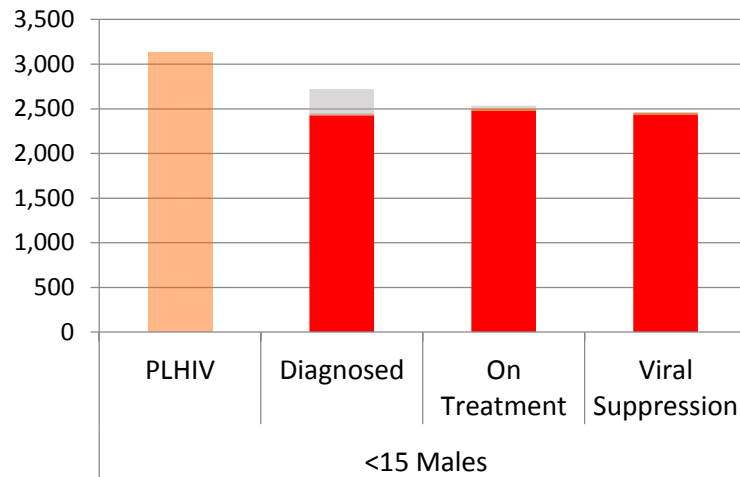
## Highlights

- 73% of those reached with Prevention tested for HIV (385/530)
- 8% Yield
- 50% of HIV+ were linked to care (16/32)
- 50% of HIV+ initiated treatment (16/32)

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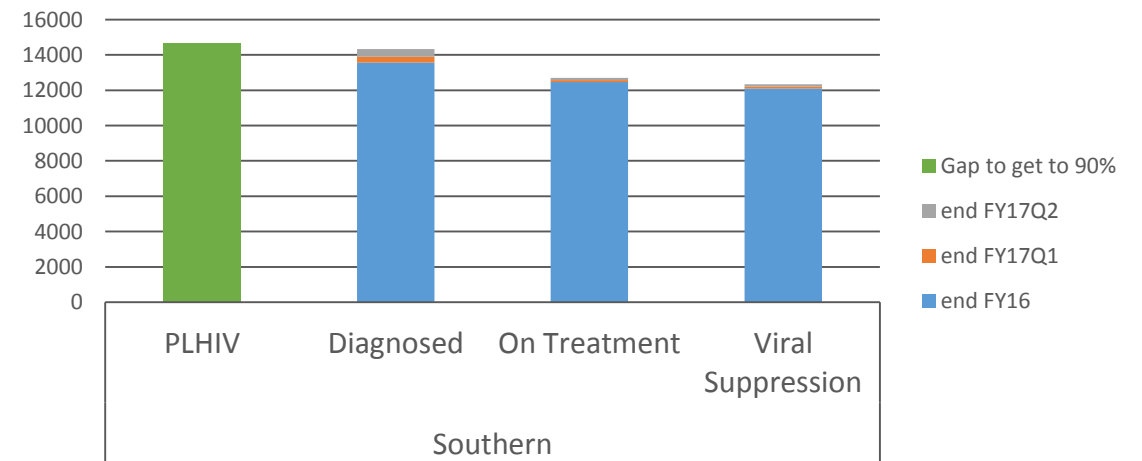
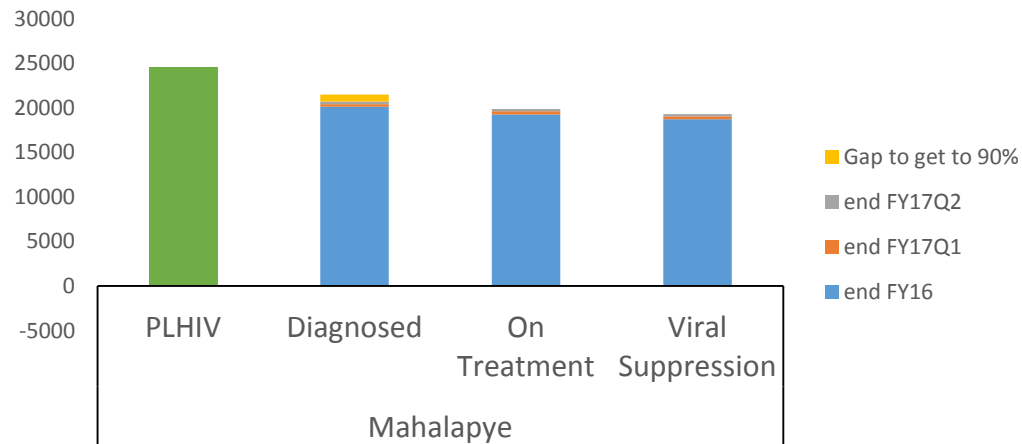
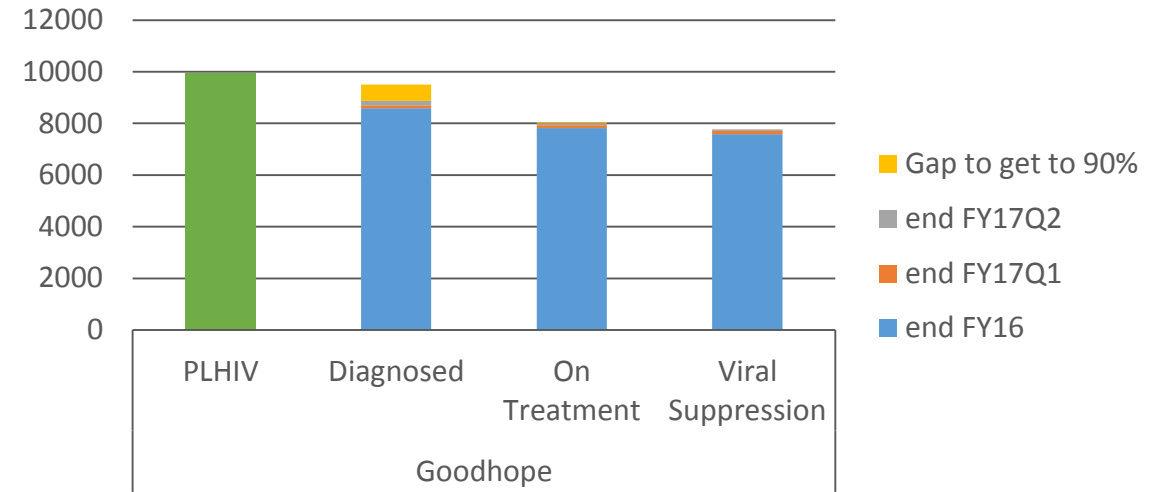
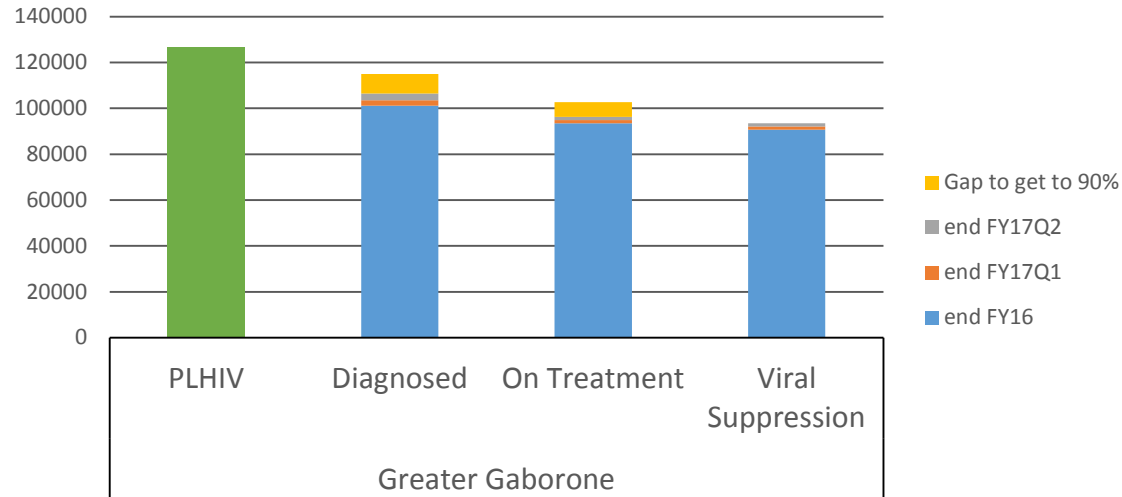
# COP 16 CASCADE through Q2 by Age and Sex



\*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.



# COP 16 Cascade through Q2 by SNU



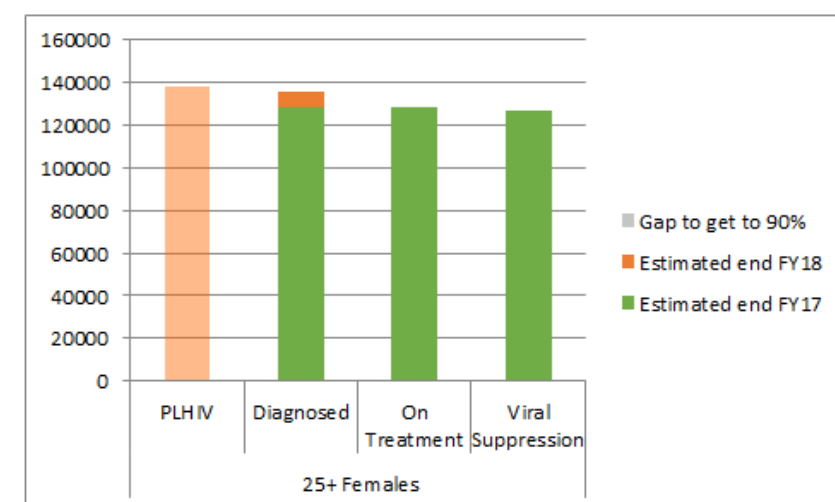
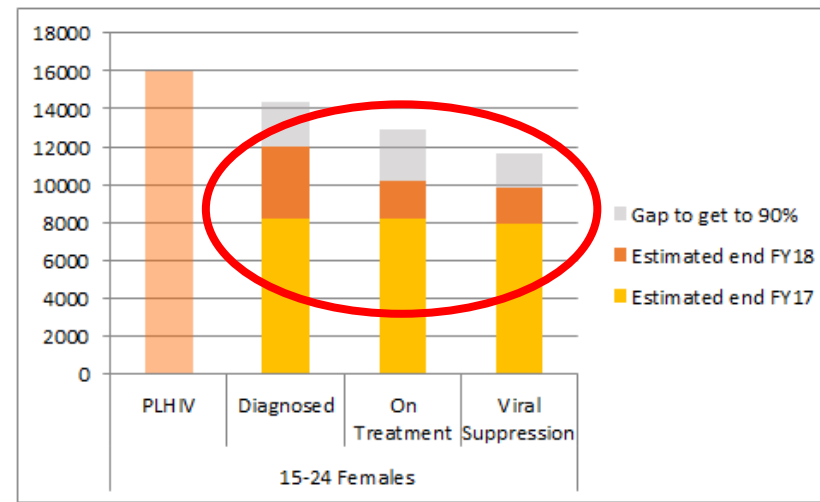
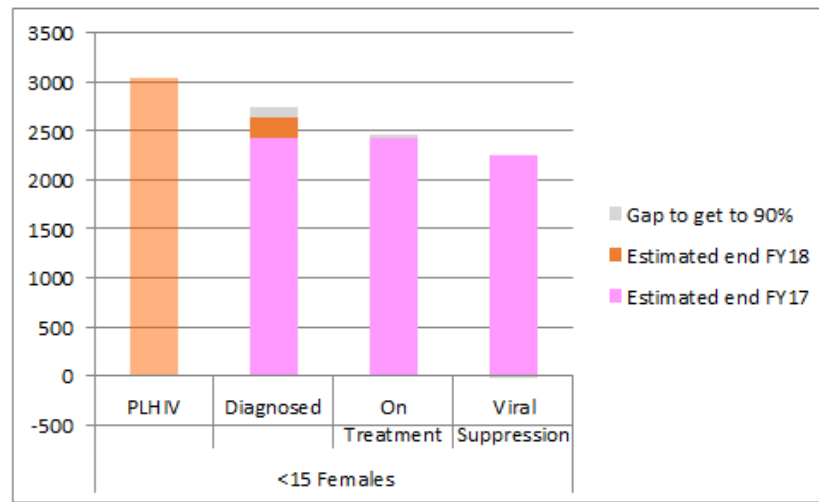
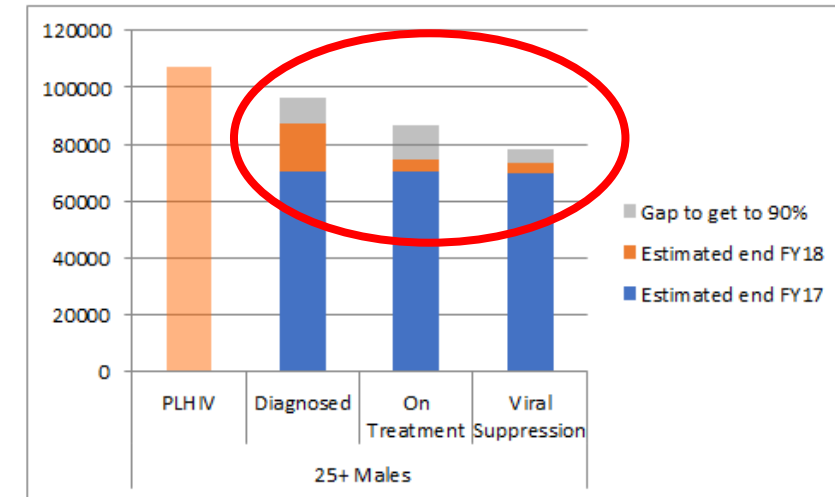
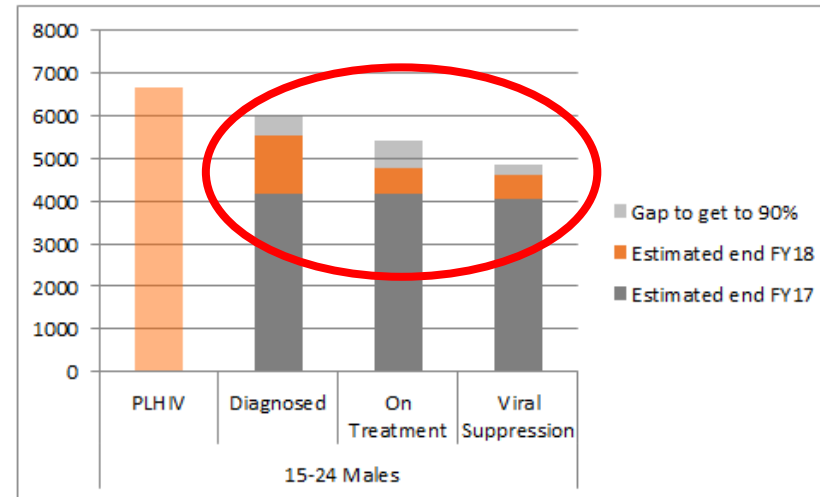
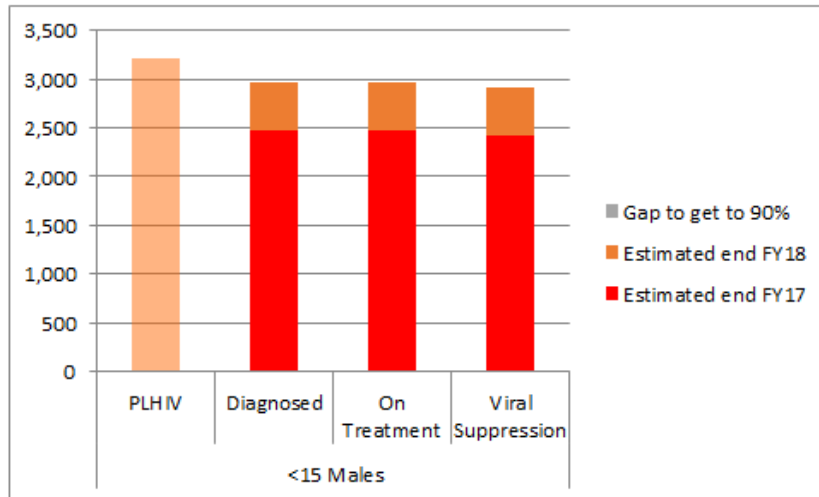
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# Botswana Overview COP 2017



# Cascades by Age & Sex as of end of COP17

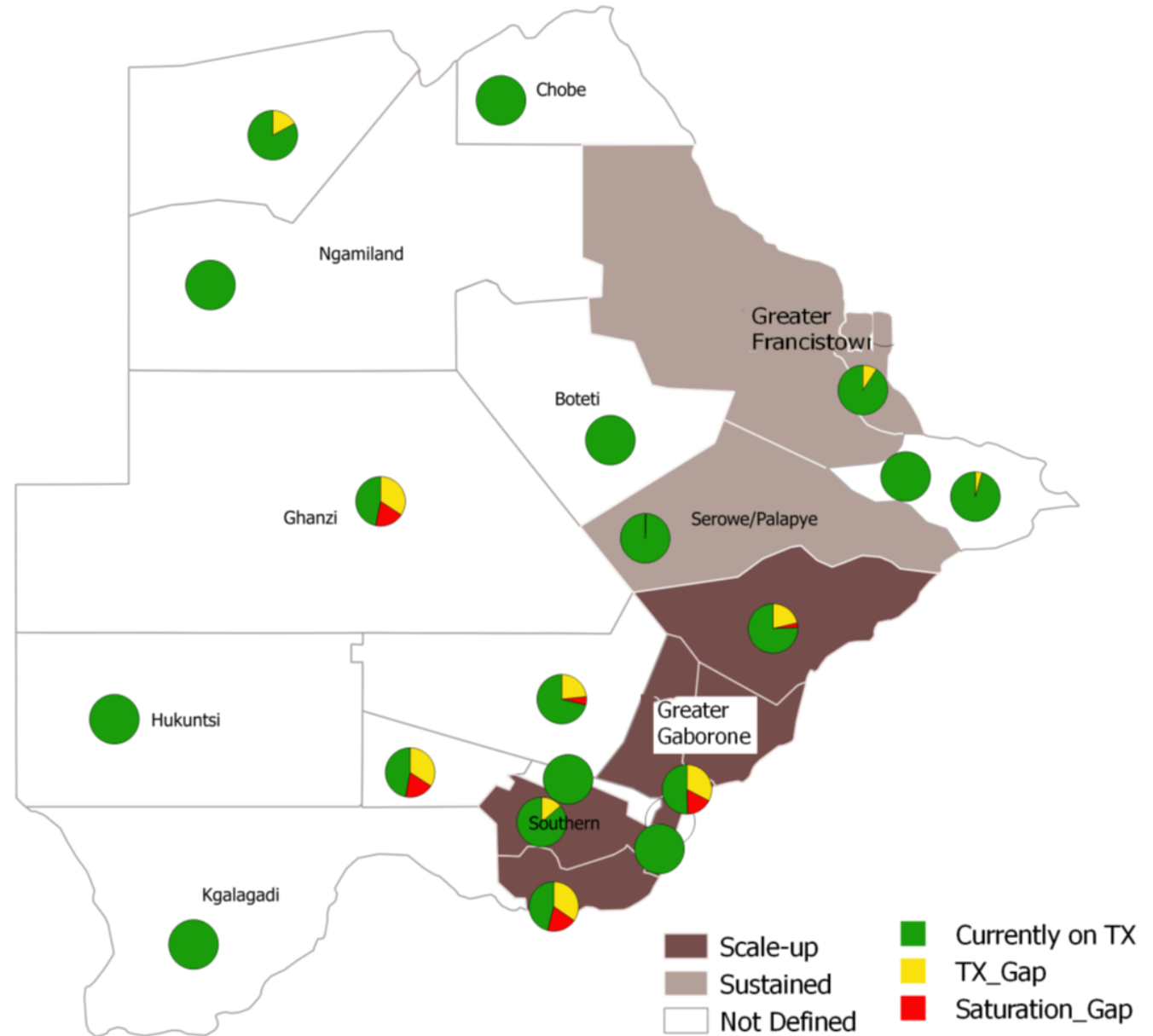




## Botswana Organisations Unit FY16 Treatment Gap

# Treatment Gap

Twelve out of the 24 Health Districts nationally have saturated (81% on ART) based on overall ART coverage only.



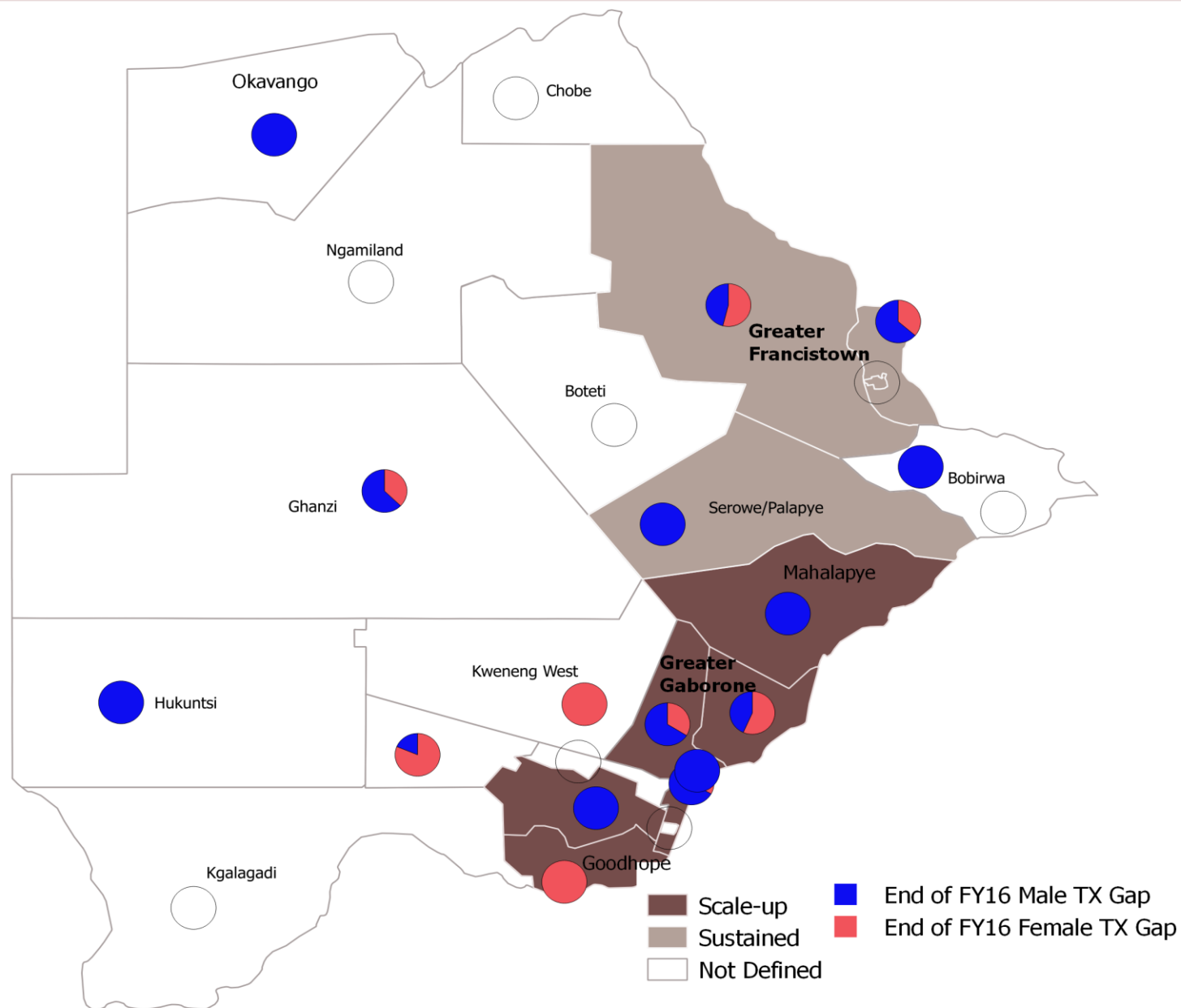




# Male-Female Treatment Gap

Eight Districts nationally have saturated based on ART coverage disaggregated by Sex only.

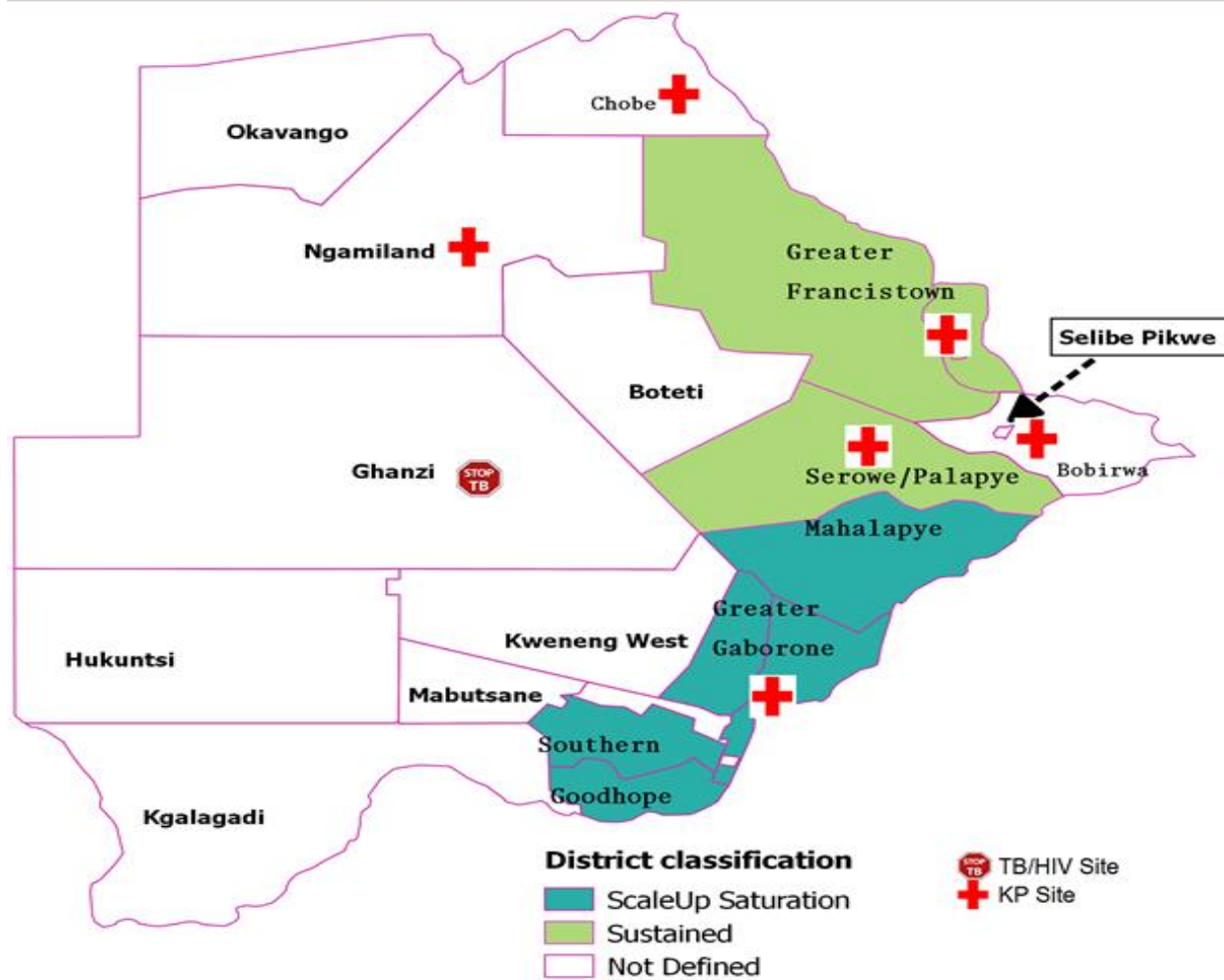
## Botswana Organisational Unit Male-Female Tx Gap





# COP17 SNU Prioritization

## Botswana Organisational Unit COP17 SNU Classification

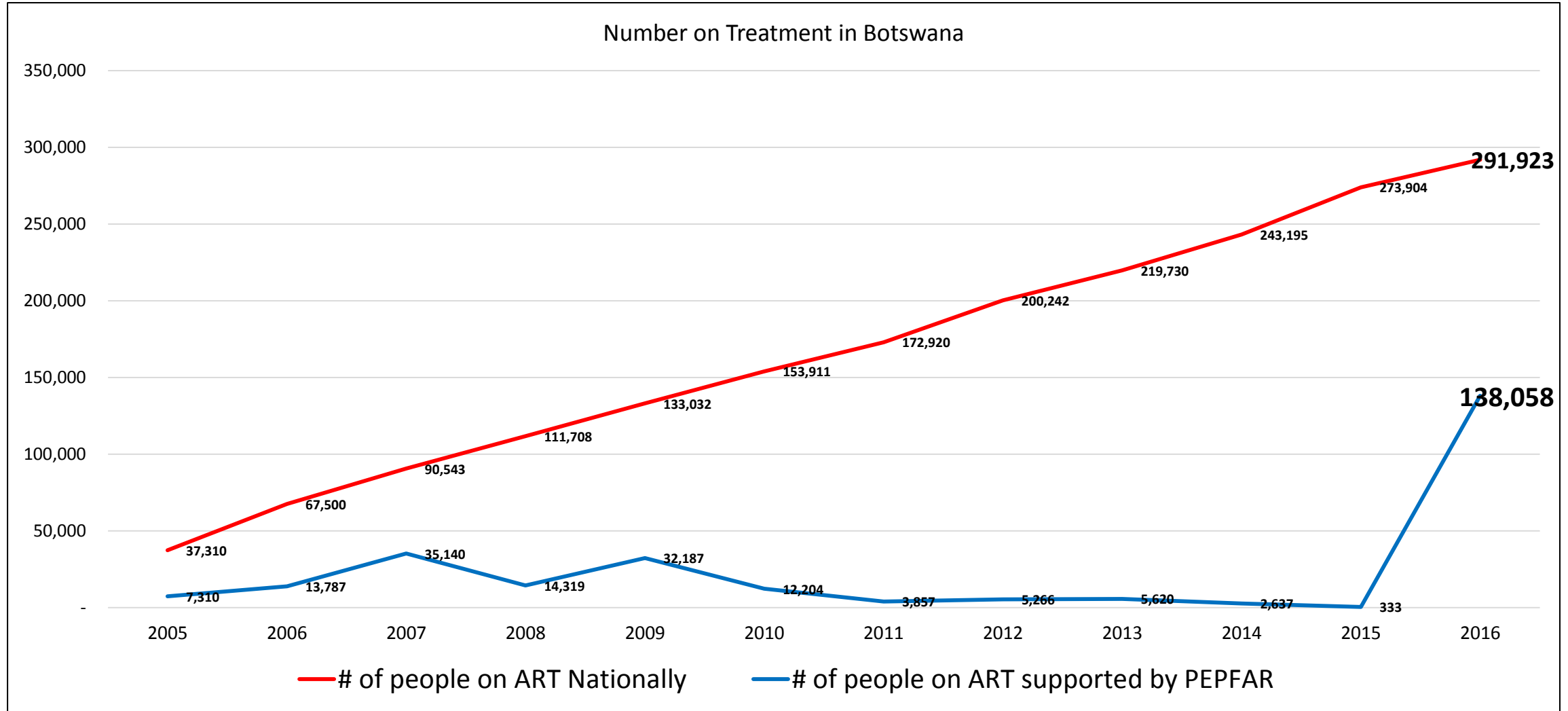


SNU	COP17 Prioritization
Gr. Gaborone	Scale-up Saturation
Goodhope	Scale-up Saturation
Mahalapye	Scale-up Saturation
Southern	Scale-up Saturation
Gr. Francistown	Sustained
Serowe/Palapye	Sustained
Chobe	Sustained <sup>1</sup>
Ghanzi	Sustained <sup>1</sup>
Ngamiland	Sustained <sup>1</sup>
Selibe-Phikwe	Sustained <sup>1</sup>
All Other SNUs (9)	Central Support <sup>2</sup>





# National and PEPFAR Trend for Individuals currently on Treatment - Botswana





# Summary of COP 2017 Targets by Prioritization

COP17 Priority	COP17 Target (APR18) HTC_Test  (Incl PMTCT and EID)	COP17 Target (APR18) HTC_Pos  (Incl PMTCT and EID)	COP17 Target (APR18) Tx_New	COP17 Target (APR18) Tx_CURR	COP17 Target (APR18) OVC_Serv	COP17 Target (APR18) KP_Prev	COP17 Target (APR18) PP_Prev	COP17 Target (APR18) VMMC
<b>TOTAL</b>	<b>433,167</b>	<b>33,098</b>	<b>37,780</b>	<b>211,002</b>	<b>18,145</b>	<b>5,386</b>	<b>54,774</b>	<b>26,300</b>
Saturation	402,692	31,480	29,731	137,508	16,999	2,848	49,009	21,000
Sustained	19,244	1,381	8,042	72,187	496	2,538	2,123	2,350
Other	5,931	237	7	1,307	650		3,642	2,450
[REDACTED]	[REDACTED]							[REDACTED]



# Impact over time: Tx\_New and Tx\_CURR Details

<b>COP 17 Priority</b>	<b>TX_New: APR 2016 Achieve ment</b>	<b>TX_CURR APR16 Achieve ment</b>	<b>COP 16 # of SNU's</b>	<b>TX_New: FY 2017 Target / FY 2017 Results to- date</b>	<b>TX_CURR: FY 2017 Target / FY 2017 Results to- date</b>	<b>COP 17 # of SNU's</b>	<b>TX_Ne w: COP 2017 Target (APR 2018)</b>	<b>TX_CURR : COP 2017 Target (APR 2018)</b>	<b>Net New: COP 2017</b>
<b>TOTAL</b>	<b>10,802</b>	<b>138,038</b>	<b>19</b>	<b>6,847</b>	<b>135,731</b>	<b>19</b>	<b>37,780</b>	<b>211,002</b>	<b>16,846</b>
Saturation	6,274	75,176	3	1,064	21,921	4	29,731	137,508	15,980
Aggressive	0	0	1	2,943	57,234	0	0	0	0
Sustained	4,439	50,913	2	2,742	54,342	6	8,042	72,187	859
Other	89	11,949	13	98	2,234	9	7	1,307	7



# Expected FY17 ART Coverage and FY18 TX\_NEW Targets Attainment targeting

		Expected FY17 TX Coverage						FY18 TX_NEW in Scale-up Sat SNUs						
SNU	COP17 PSNU	<15, Male	<15, Female	15-24, Male	15-24, Female	25+, Male	25+, Female	Total	<15, Male	<15, Female	15-24, Male	15-24, Female	25+, Male	25+, Female
Greater Gaborone	ScaleUp Sat	76%	78%	52%	44%	60%	89%	24,495	195	141	1,183	3,195	14,535	5,246
Serowe/Palapye	Sustained	66%	99%	56%	57%	73%	131%	3,190	45	25	133	227	1,252	1,508
Mahalapye	ScaleUp Sat	53%	64%	61%	62%	67%	92%	2,692	52	38	90	212	1,231	1,069
Greater Francistown	Sustained	90%	88%	90%	67%	76%	101%	4,684	53	53	101	230	1,486	2,762
Southern	ScaleUp Sat	113%	102%	71%	56%	72%	98%	1,239	15	12	35	122	523	532
Goodhope	ScaleUp Sat	129%	63%	292%	44%	120%	66%	1,304	8	21	13	180	213	869



# COP17 HTC\_POS Targets by Gender, Age & Scale-up SNU

	<15 Male			15-24 Male			25+ Male							
Scale-up SNU	Coverage	Gap	COP17 Target	Coverage	Gap	COP17 Target	Coverage	Gap	COP17 Target					
Greater Gaborone	76%	369	202	52%	1,563	1,225	60%	20,443	15,055					
Mahalapye	53%	134	68	61%	234	98	67%	3,167	1,162					
Southern	100%	0	0	71%	108	26	72%	1,614	603					
Goodhope	100%	0	0	100%	0	0	100%	0	0					
<b>Total (Males)</b>	<b>78%</b>	<b>504</b>	<b>270</b>	<b>58%</b>	<b>1,905</b>	<b>1,350</b>	<b>64%</b>	<b>25,223</b>	<b>16,820</b>					
	<15 Female			15-24 Female			25+ Female							
Scale-up SNU	Coverage	Gap	COP17 Target	Coverage	Gap	COP17 Target	Coverage	Gap	COP17 Target					
Greater Gaborone	78%	297	146	44%	4,037	3,309	89%	6,546	5,434					
Mahalapye	64%	99	45	62%	549	200	92%	1,041	709					
Southern	100%	0	0	56%	371	92	98%	141	101					
Goodhope	63%	54	21	44%	430	177	66%	2,238	1,454					
<b>Total (Females)</b>	<b>77%</b>	<b>450</b>	<b>212</b>	<b>47%</b>	<b>5,387</b>	<b>3,778</b>	<b>89%</b>	<b>9,966</b>	<b>7,698</b>					

Scale-up SNU	Coverage	Gap*	COP17 Target
Greater Gaborone	74%	33,256	25,372
Mahalapye	79%	5,223	2,281
Southern	85%	2,208	824
Goodhope	79%	2,119	1,652
<b>Total</b>	<b>76%</b>	<b>42,806</b>	<b>30,129</b>



Expected end of FY17 ART Coverage (Sub Nat)			<15 years		15-24 years		25 years +	
		Overall	Male	Female	Male	Female	Male	Female
Greater Gaborone	ScaleUp Sat	74%	76%	78%	52%	44%	60%	89%
Mahalapye	ScaleUp Sat	79%	53%	64%	61%	62%	67%	92%
Southern	ScaleUp Sat	85%	113%	102%	71%	56%	72%	98%
Goodhope	ScaleUp Sat	79%	129%	63%	292%	44%	120%	66%
Serowe/Palapye	Sustained	98%	66%	99%	56%	57%	73%	131%
Greater Francistown	Sustained	89%	90%	88%	90%	67%	76%	101%

Expected end of FY18 ART Coverage (Sub Nat)			<15 years		15-24 years		25 years +	
		Overall	Male	Female	Male	Female	Male	Female
Greater Gaborone	ScaleUp Sat	88%	86%	86%	86%	86%	86%	95%
Mahalapye	ScaleUp Sat	84%	81%	81%	81%	81%	81%	92%
Southern	ScaleUp Sat	88%	113%	102%	81%	81%	81%	98%
Goodhope	ScaleUp Sat	89%	129%	81%	292%	81%	120%	81%
Serowe/Palapye	Sustained	101%	81%	99%	81%	81%	81%	131%
Greater Francistown	Sustained	90%	90%	88%	90%	81%	81%	101%



# First 90 Strategies

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# COP17 HTS Package of services

## 1. Refined PITC plans/Expanded PITC beyond OPD

**Target: 25+ females and some older men in all districts**

- Expanding inpatient and AE dept. testing
- Targeting high risk AGYW in PMTCT
- Index Testing
- Screening Presumptive TB & STI patients for HIV

## 2. Expanded Index & Family testing

**Target: older men 25+ & AGYW 15-24**

- Index partner elicitation for HIV+ women
- Testing of children of unknown HIV status (Paeds)
- Testing for index partners who fail to show up at health facilities for testing
- Targeting HIV-infected AGYW in DREAMS districts

## 3. Targeted community Testing

**Target: Young males (15-24) & young females (15-24) through**

- Targeted testing (mobile, venue based, hotspots, etc..)
- Targeting HIV-infected AGYW in DREAMS districts
- Targeted social network testing for KP
- Piloting Self testing - FSWs & MSM and their regular sex partners

Intensified  
Partner  
Monitoring

## 4. Strengthening Linkage to Care Rates

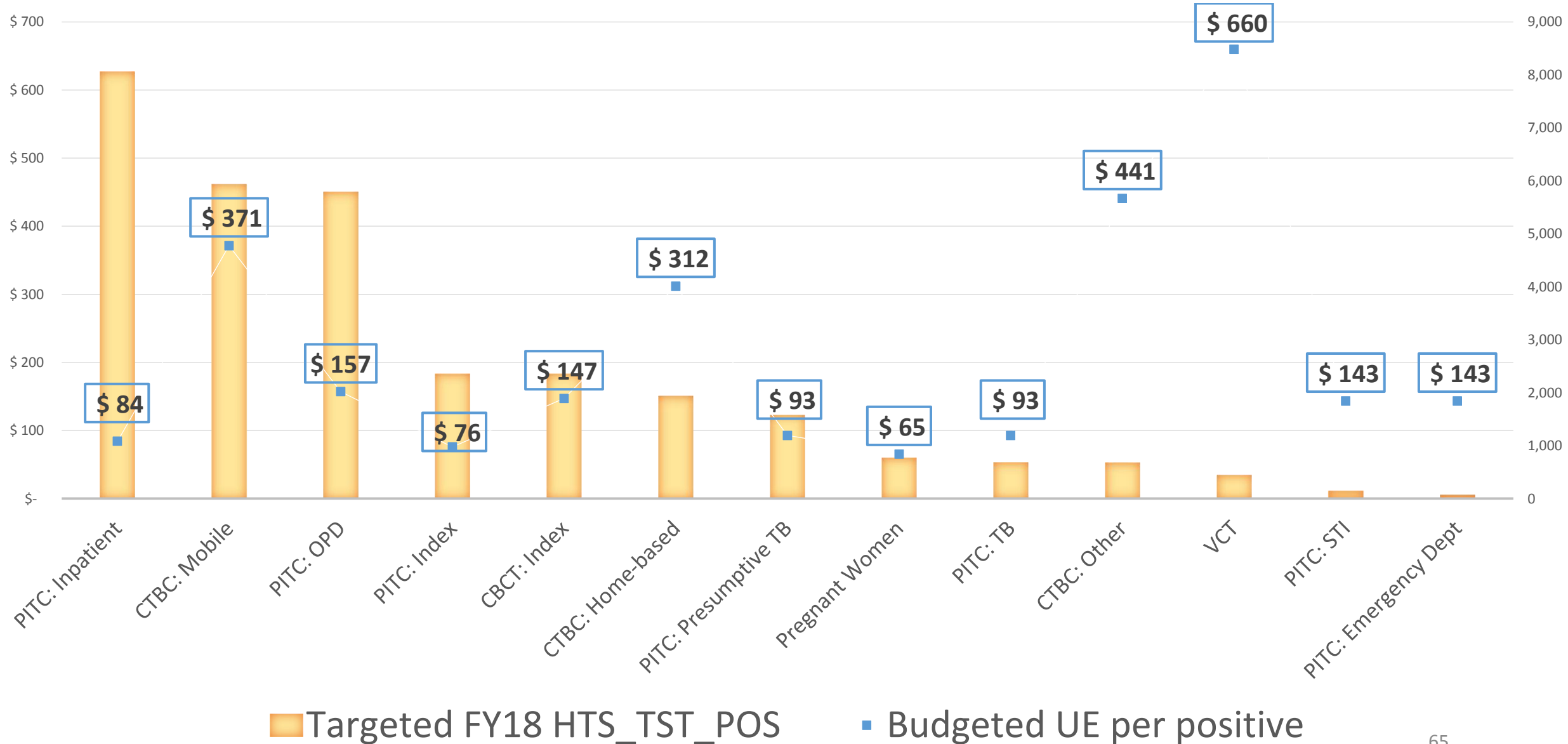
**All IPs required to:**

- Counsel on treatment readiness
- To **track** HIV+ referrals to IDCC clinics
- Those who don't enroll tracked through home/phone visits
- SOP development for MoH and partners





# COP 17 HTS Positive Targets and UE by Modality





# Second 90 Strategies

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# Strategy and programmatic direction - Facility

## Package of services: PMTCT and TB/HIV in both districts

**PMTCT:** Passive integration of services at child welfare in support of mother baby pair tracking, Introduction of Cohort Registers

**TB/HIV:** Presumptive TB and TB case identification and linking them to HIV services

**DREAMS** in Greater Gaborone

**CERVICAL CANCER:** support scale up of primary and secondary prevention

## Scale up Saturation

### Active implementation linkage to care and Tx

- Fast tracking Tx initiation
- Multi-month scripting (stable)
- Develop OI SOP (with advanced disease)
- Cotrimoxazole treatment
- Support adherence and retention

### **Review of VL cascade**

- Improved turn-around time and Use of results

### **PMTCT**

- EID uptake, HEI Cohort registers, ART at L&D, Fast tracking Tx.

### **DREAMS Like Activities (Greater Gaborone ONLY)**

- PEP – for survivors of GBV
- PrEP for FSW, MSM and AGYW
- Youth friendly services

## Sustained

### **“Baseline Approach”: Passive**

- VL monitoring
- Customized supportive retention services by age and sex bands

### **“Micro-epidemic Control Approach” Active**

- Youth friendly services
- Active linkage to care and TX
- Fast tracking treatment initiations,
- evening/weekend hours for men
- Multi month Scripting and Dispensing for stable patients
- Women age <25 and Men <30yrs



# Strategy and programmatic direction - Community

## Scale up Saturation

- Active linkage to treatment for newly diagnosed patients
- Patient tracking for previously diagnosed clients
- Demand creation for Treat All
- Treatment literacy
- ART readiness to support same day initiation
- Community PMTCT
- FP as an entry point to HTC and care and Treatment
- DREAMS in Greater Gaborone

## Sustained

Utilizing the Same package of services as Scale Up districts, targeting **Specific age/sex bands** in hot spots:

### **Greater Francistown :**

- Males 25+ years old
- Females 15-24 years old

### **Ghanzi :**

- Males < 15 years
- Males 15-24 years
- Females < 15 years
- Females 25+ years



# Third 90 Strategies

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# Third 90 COP 17 Strategies

## Patient Retention

- Client literacy
- Adherence counseling
- Tracking LTFU
- PHDP
- Pharmacovigilance
- Integrated community TB HIV services
- Monitoring and defaulter protocol

## Viral Load Lab Support

- VL QI
  - VL scorecard
  - Increase capacity for VL Proficiency Testing
- Minimizing VL equipment downtime
  - Ancillary equipment maintenance
  - Rationalizing equipment placement
- VL testing education and reminders at community level

## Above Site Support

- Increasing VL testing demand:
  - Implement algorithm for managing detectable VL
  - Patient literacy
  - Failure management
  - Fast tracking of HIV positives to ART
- Increasing VL results reporting/tools



# VMMC

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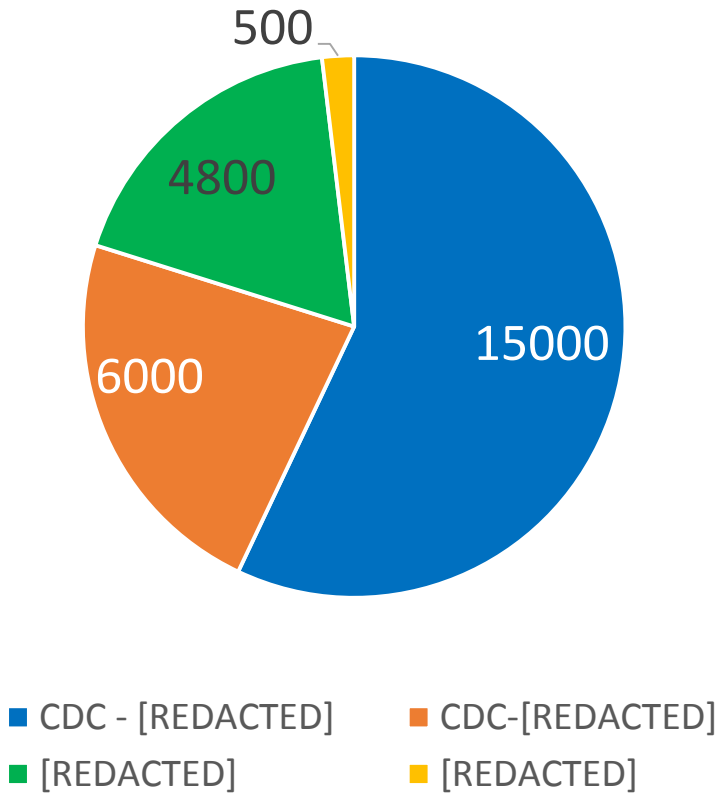


# VMMC COP 17 Targets

## Summary of target by prioritization

SNU	Targets
Scale up	21000
Sustained and Others	5300
Total OU Target	26300

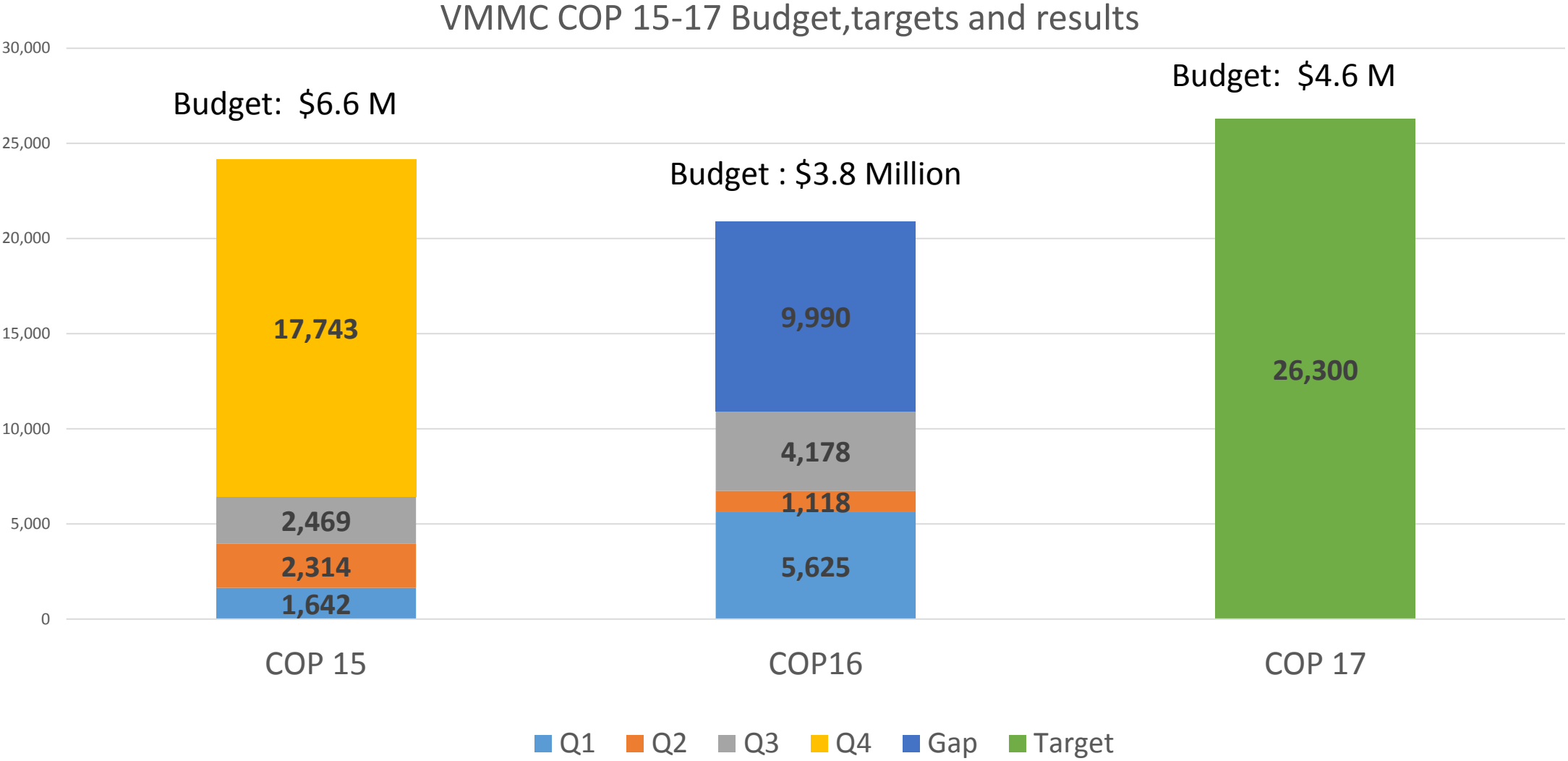
## Total proposed COP17 targets by Agency/IP: N= 26300





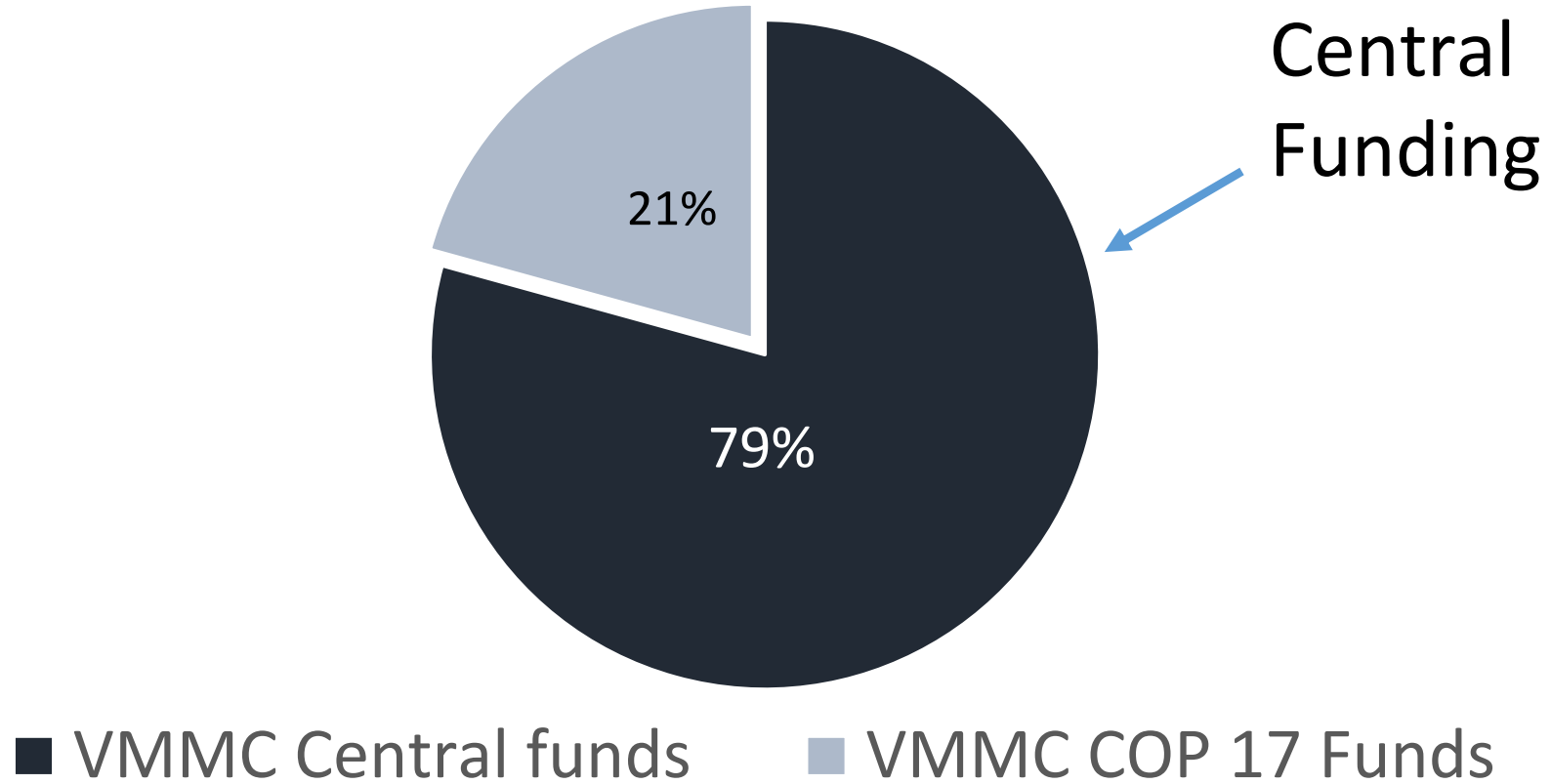


# VMMC COP 15-17 Budget, targets and results





# COP 17 VMMC Funding





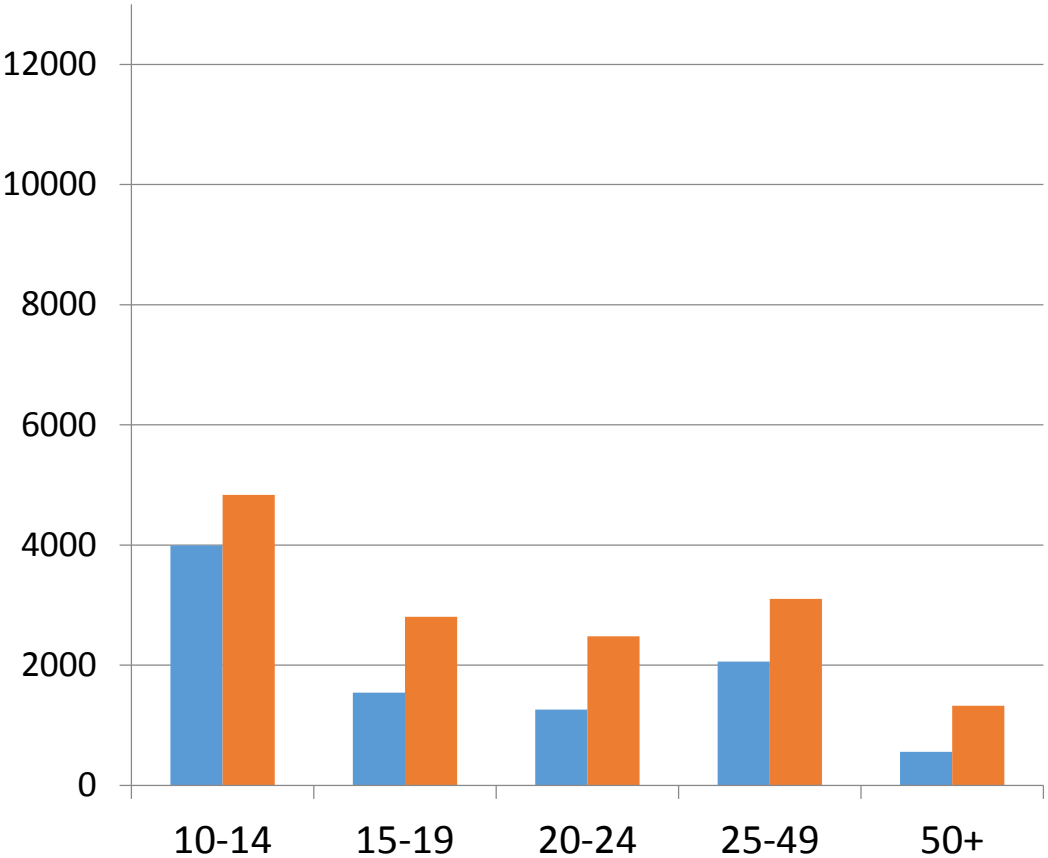
# Prevention and Key Populations

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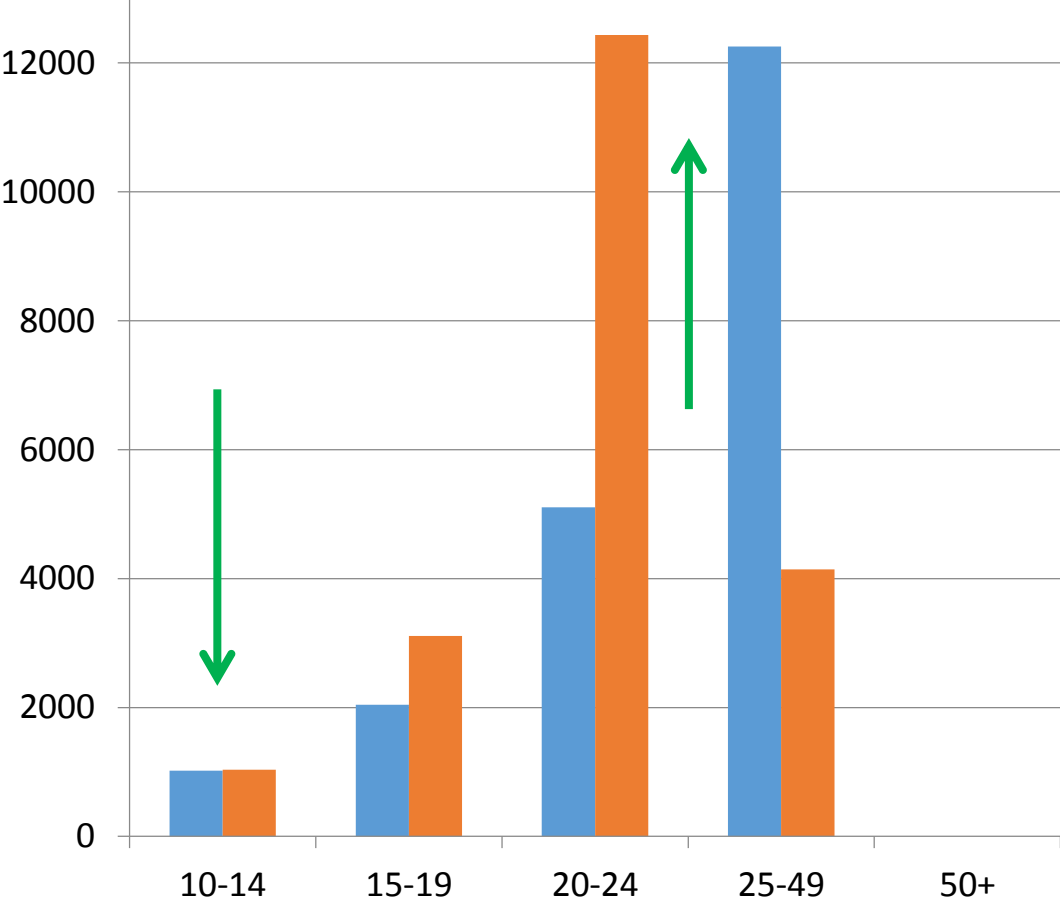


# Prevention: Shifting focus in COP17

FY16 Results: PP\_PREV



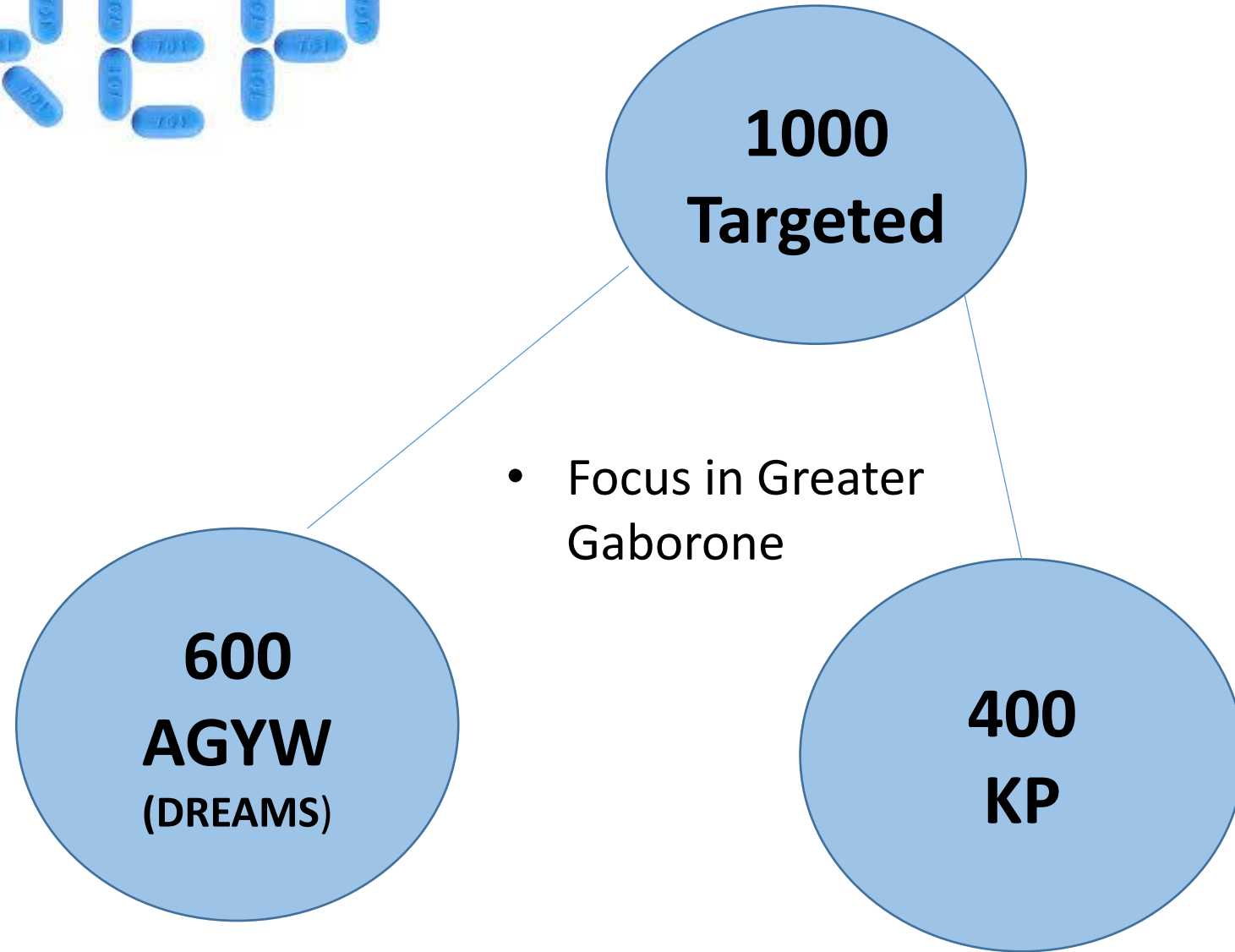
COP17 Targets





## Policy Status:

- PrEP not currently available in public sector clinics, however provided in private sector
  - Botswana 2016 Integrated HIV Clinical Care Guidelines state it will be available in public sector in 2017
- Guidelines do not mention AGYW specifically





# Key Populations

- LINKAGES will provide **comprehensive KP interventions** in Chobe, Gaborone, Francistown and Selebi-Phikwe as well as **KP ART program** in Ngamiland and Palapye.
- **Global Fund** supports Prevention and Testing of Key populations in Ngamiland and Palapye **and refers clients for treatment initiation to LINKAGES.**
- All KP sites are treated as **Scale-UP**
- **HIV cascade assessments scheduled for August 2017.** Interagency activity to be composed of PEPFAR, Global Fund, and Government of Botswana.
- Initiation of 400 FSW and MSM to oral PrEP
- Self-testing for KP and their clients



# Mobile HIV Testing And Counseling Clinic



Acceleration campaign to bring HIV testing and counseling directly to communities have increased reach allowing the project to achieve HTC and ART initiation targets.



# DREAMS and OVC

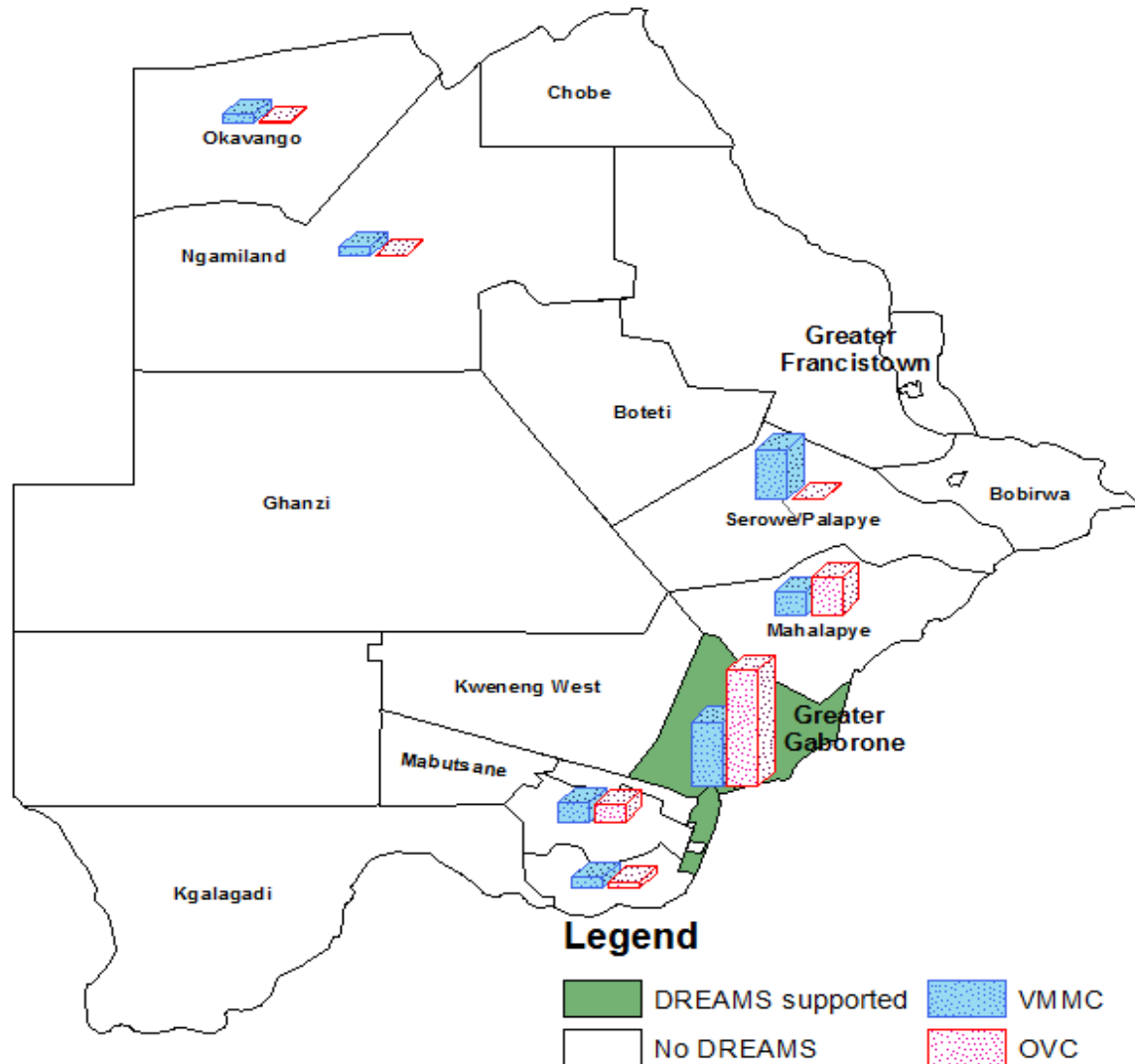
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# Geographic Prioritization for DREAMS-like Activities

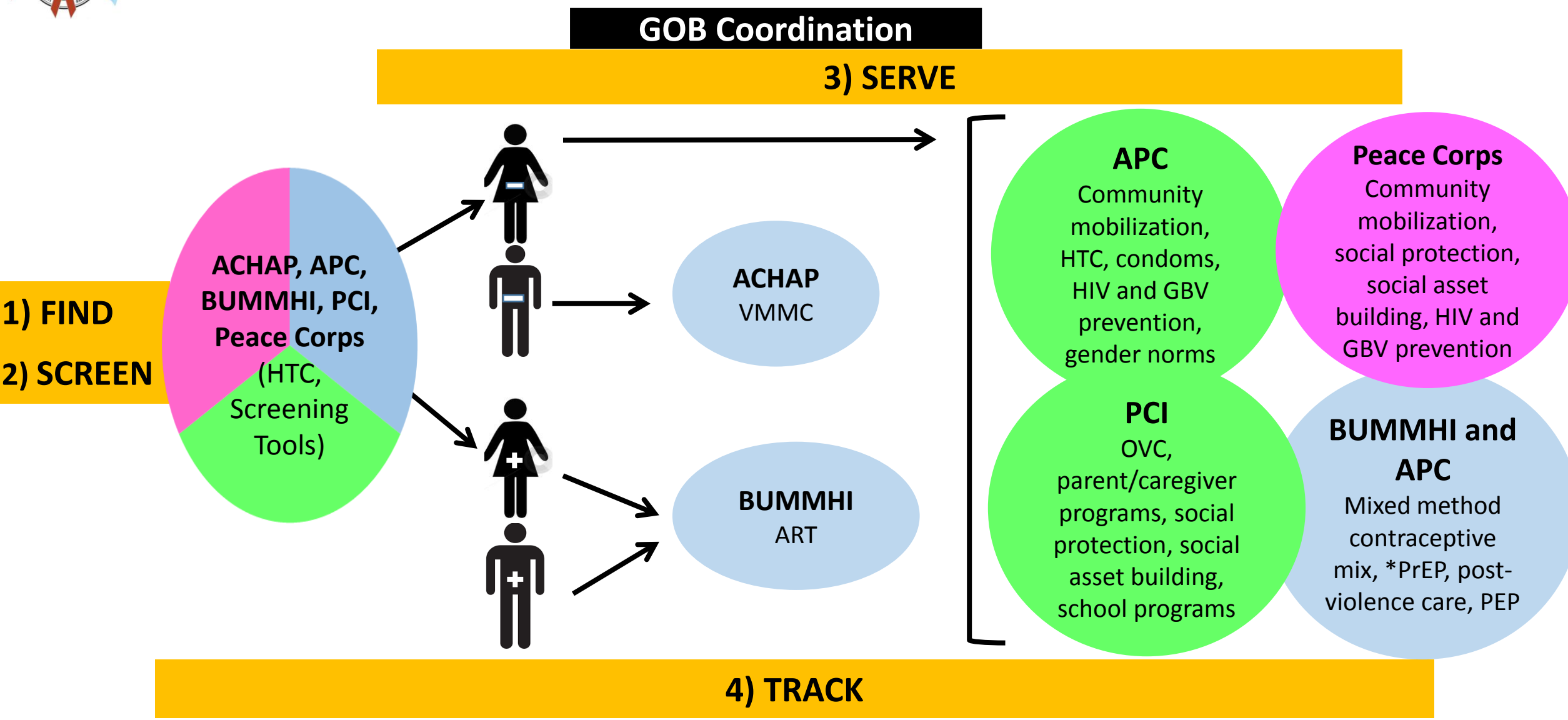
**Focus Districts:** Gaborone and Kweneng East



Health District	SNU Class	Total AGYW	PLHIV - AGYW
Gaborone	SU: Saturation	33,692	2,432
Kweneng East	SU: Saturation	32,914	2,879
Percent of Total		37.7%	33.9%



# Botswana DREAMS Service Delivery Model





# COP17 Direction for DREAMS-like activities

DREAMS Interventions	Females 10-14	Females 15-19	Females 20-24
Empower AGYW and reduce risk	<p>School based HIV and violence prevention and social asset building</p> <p>post-GBV clinical care and community support services</p> <p>HTS</p>	<p>School based HIV and violence prevention and social asset building</p> <p>post-GBV clinical care and community support services</p> <p>HTS , PrEP and Condoms</p>	<p>post-GBV services (clinical care and community)</p> <p>Improve contraceptive method mix</p> <p>HTS, PrEP and Condoms</p>
Strengthen Families	<p>Parent/Caregiver programs</p> <p>Household Economic Strengthening</p>		
Mobilize communities for change	Community dialogues to identify and address norms that increase AGYW risk for HIV and violence		Evidence-based interventions (e.g., SASA!) to address norms change for HIV and violence prevention
Reduce risk of sex partners	Sexual education focusing on gender norms, violence prevention, and the value of girls	Analyze VACS data to characterize male sexual partners of AGYW to target with VMMC and ART	



# OVC HIV RISK AVOIDANCE FOR 9-14 YEAR OLDS



## School based programs

(examples):

- HIV prevention
- Access, retention and progression in school
- Access to social asset building and social protection services



## Linkage to health services

- HTS
- VMMC
- Treatment



## Family strengthening programs:

- Parents/caregiver programs (*Sinovuyo, Go Families, Families Matter*)
- Household Economic Strengthening e.g *Grass Roots Building our Wealth – GROW*



# OVC GBV PREVENTION AND RESPONSE

## Community Level Interventions:

Community Mobilization to:

- Increase awareness of existing social protection laws (Domestic Violence and Children's Acts)
- Change community norms to address violence prevention

### School interventions

- Education on GBV (life skills through PACT clubs) and addressing community norms that increase risk of violence
- Increase awareness of existing social protection laws (Domestic Violence and Children's Acts)
- Identification of GBV cases, referrals for post-violence clinical care and provision of community support services

### Family interventions

- Increase awareness of existing social protection laws (Domestic Violence and Children's Acts)
- Identification of GBV cases, referrals for post-violence clinical care and provision of community support services
- Household Economic Strengthening through savings groups (incorporate GBV and HIV prevention education)



# BCPP

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# BCPP Next Steps for Study Completion



- Currently at 95% overall for 1<sup>st</sup> 90, but at 84% for men 35-64. Emphasis on reaching 1<sup>st</sup> 90 in all communities and among men. HIV testing campaign ends Sept. 30, 2017.
- Currently at 84% overall for 2<sup>nd</sup> 90. Significantly over 81% for women in all groups. Under 81% for men in all age groups. Focus on tracking and tracing all PLHIV who have not linked to care and PLHIV that linked but did not initiate ART – complete tracing in next 3 months and conduct clinical follow-up through December 2017.
- Work with PEPFAR program to provide technical assistance to intervention communities to increase pediatric ART coverage through strengthened EID, PITC and Index testing including initiation of ART.
- Complete and implement study closeout plan including transition of 4 BCPP intervention sites into COP17 portfolio post-study.
- Complete data cleaning and analysis. Continue to share study findings with the PEPFAR program, in-country stakeholders and scientific community.



# Commodities

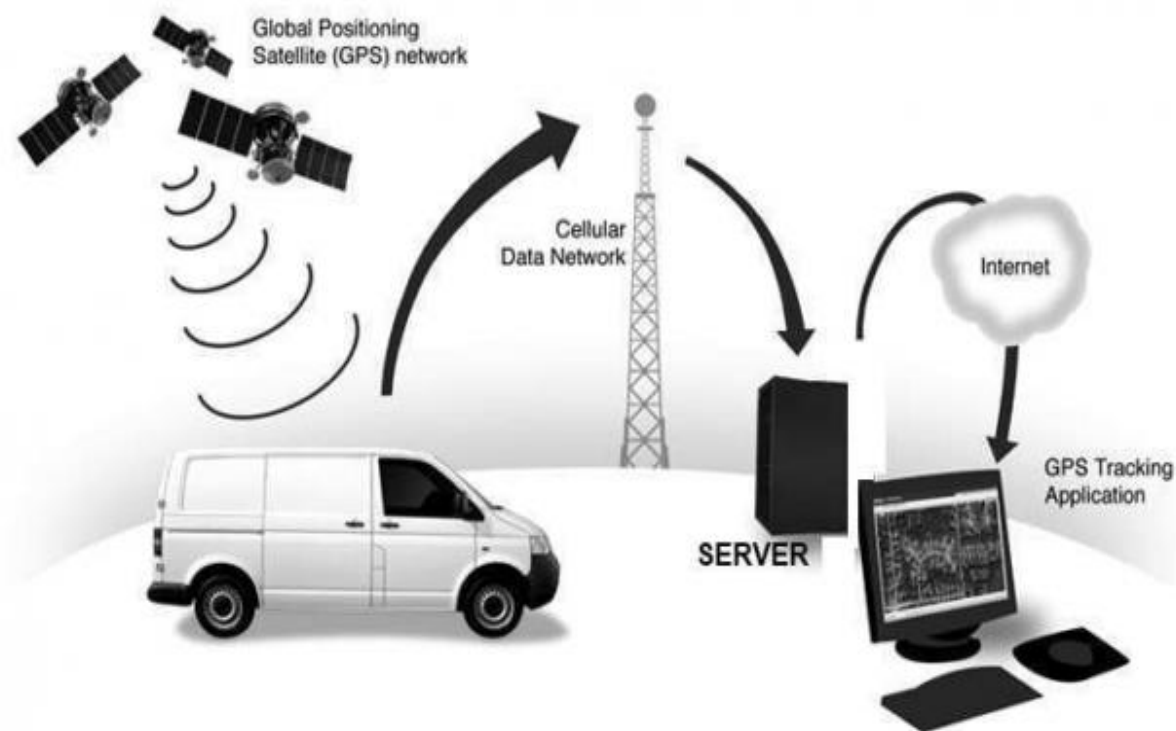
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# DTG Tracking

- The USG team has developed a commodity tracker plan for warehousing and distribution
  - Visibility from manufacturer to consumer.
- The intent of the plan is to
  - Distribute through CMS to 212 national ART cluster sites (which include PEPFAR sites) through the District Health Management Teams (DHMTs)





# Key Commodities Summary

COM_CAT	COM_ITEM	COM_QUANT	COM_UP	COM_UC	COM_BUDGET
Category	Item description ItemsList	Quantity	Unit price	Inclusive unit cost	
Adult 1st line	TDF/FTC	1,081,987	\$5.50	\$6.60	\$7,141,114
VMMC	MC KIT, Reusable Non Sterile (FG and DS)	1,400	\$26.00	\$31.20	\$43,680
VMMC	MC Kit, Sterile Single use, For all Surgical Procedures	4,900	\$15.40	\$18.48	\$90,552
VMMC	MC Kit, Sterile, Single use, Essential Consumables	3,900	\$5.40	\$6.48	\$25,272
RTKs	Determine HIV 1/2	4,866	\$88.00	\$105.60	\$513,850
RTKs	Uni-gold	4,519	\$35.00	\$42.00	\$189,798
RTKs	Disposable Pasteur Pipettes (Ungraduated), 20ul	486,594	\$0.40	\$0.48	\$233,565
TB/HIV	GeneXpert Cartridges, Tests 50	117	\$499.00	\$598.80	\$70,060
Adult 1st line	TDF/FTC	1,940	\$5.50	\$6.60	\$12,804
RTKs	OraQuick: In-Home HIV Test	10,856	\$4.50	\$5.40	\$58,622
Adult 1st line	DTG	1,069,820	\$3.75	\$4.50	\$4,814,190
Adult 1st line	DTG	970	\$22.35	\$26.82	\$26,015
Adult 1st line	TDF/FTC/EFV (TEE)	6,999	\$8.10	\$9.72	\$68,030
Adult 1st line	TDF/FTC/EFV (TEE)	100	\$8.10	\$9.72	\$972

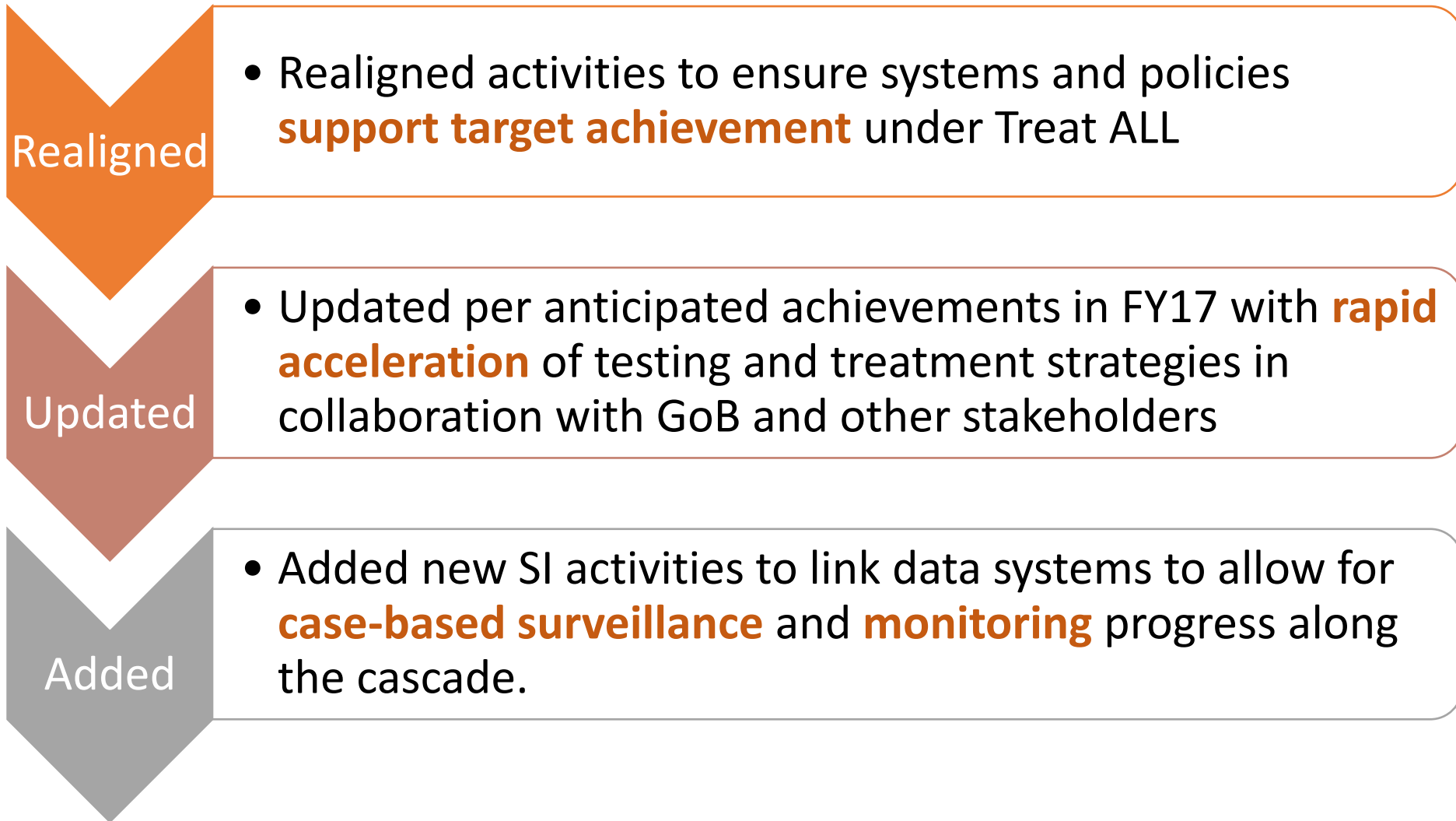


# Above Site – Table 6

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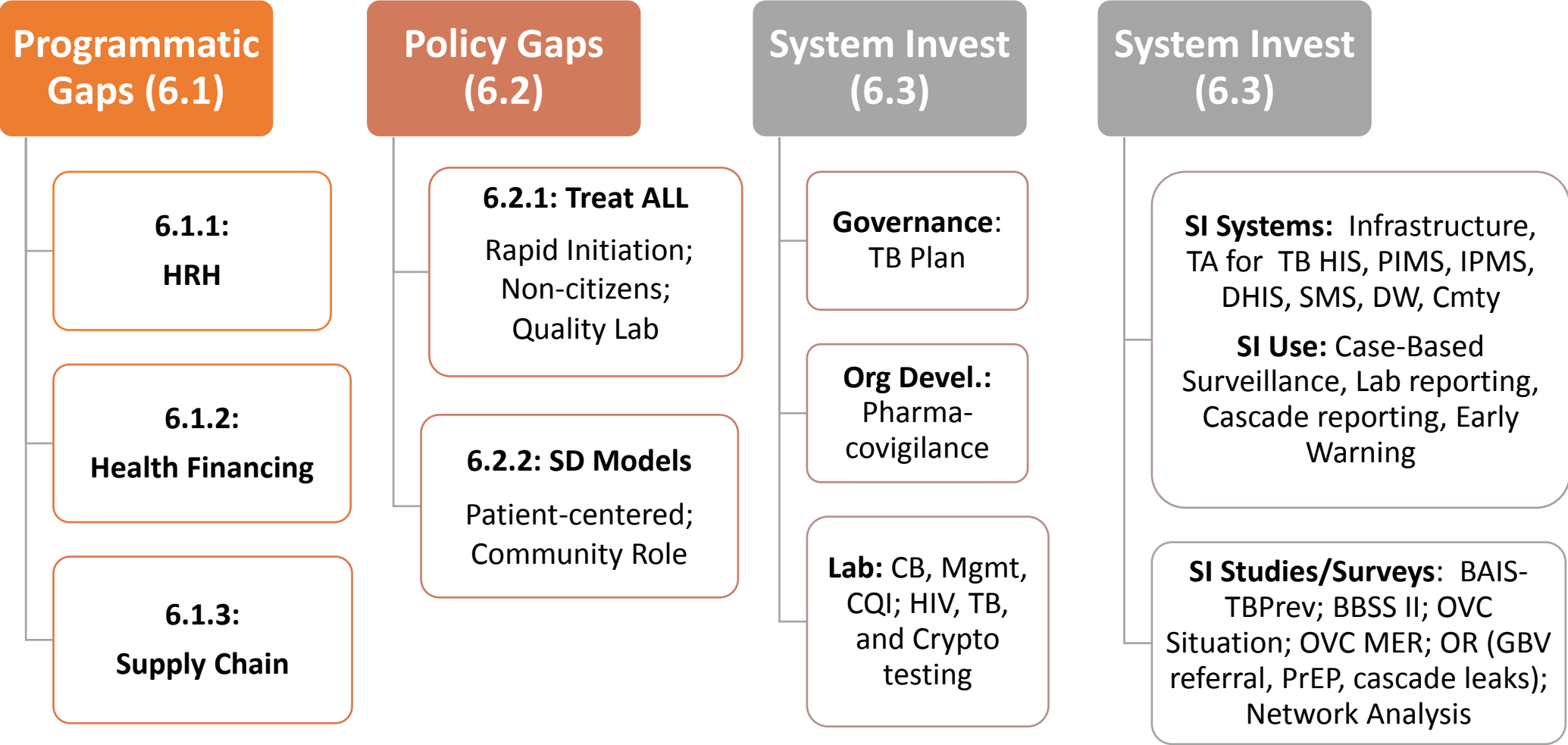


# Table 6: Strategic Alignment





# Table 6: Birds-Eye View





# HRH Sustainability: CHWs

Joint assessment with GF to understand HRH labor market and how it can support task shifting and be supported through health financing

Labor Market Assessment

Task Sharing

Costing

Price tag for implementing a community program

Community Guidelines

National taskforce identifying opportunities to share tasks between facility and community health workers. To be incorporated into Guidelines

National guidelines for CHWs with standardized operational procedures and requirements, profiles and qualifications



# HRH Sustainability: Site-level positions

## Long term/Sustainability Plan

- Negotiate with the MOHW for absorption post PEPFAR support
- Successful absorption process in the past, e.g. BNTP and NCCPP Program manager positions and several other data management positions.

## Criteria for determination of placement and monitoring effectiveness

- High burden facilities not capable of expanding ART services to evening and weekends to target men and youth due to HRH issues (both scale up districts and sustained districts in hotspots)
- Number of facilities operating extended hours, weekly monitoring of TX\_New with a clear increase of new initiations

## “Value added” of additional staff?

- The “value added” could have both replacement effect and additive

## Cost of placing staff:

- Assuming a Government Salary scale of C3 (degree holders) C4 (diploma holders) for both nurses and pharmacy technicians at a cost price of \$800 and \$1000 per month respectively.



# Stakeholder Engagement

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# COP17 Timeline of Engagement

Date	COP 17 Activities/Engagement
January 19-20	PEPFAR/B Interagency Team Retreat to review strategic guidance letter and programs
February 1	External Stakeholder Retreat to reviewed strategic guidance letter, gather feedback
February 28	PEPFAR/B participation at GoB's National Strategic Framework planning meeting
March 9	2 <sup>nd</sup> Stakeholder Retreat to review DCMM outcomes and collect further feedback
March 12	SDS submitted to stakeholders
March 16	SDS submission to OGAC
March 22-23	PEPFAR/B 's New Directions in Global Health seminar in Maun (key population site)
April 20	Met with Stakeholders representing CSOs for COP Review Meeting
April 22-24	COP17 Review, approval, and validation in Johannesburg, South Africa



# COP17 Feedback

Feedback incorporated	Feedback not incorporated
Targeted PrEP for key populations and AGYW	PrEP for all
DREAMS-like Programming and more emphasis on Prevention	Purchase of RTK and other commodities to prevent GoB stock outs across the country (non PEPFAR supported sites)
Emphasis on community services and differentiated service delivery models	Supporting interventions outside of PEPFAR priority districts
Supporting Treat All as a priority (esp. testing, drugs)	Building local CSO capacity (administrative, financial and M&E)
Technical Support for supply chain and CMS (including PC volunteers in clinics)	Collaboration with the private sector on PPP activities
High Level advocacy for key populations work and non-citizens	Additional research or secondary research for better understanding of YRBSS
Support for Health Information Systems and Data Warehouse	HRH support for MOHW (e.g. hire additional M&E staff)
TA for Treat All communications strategy	



# Budget

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# COP17 Funding Letter: Epidemic Control Funding Budget by Activity

Activity	Amount
Care and Treatment - hot spots in sustained districts	\$3,000,000
Same day initiation	\$2,105,875
Self-Testing	\$102,109
DREAMS-like Activities	\$4,792,016
<b>TOTAL</b>	<b>\$10,000,000</b>

Recognizing this gap and potential for immediate impact, the PEPFAR Botswana team is eligible for **\$10,000,000 in Epidemic Control funding** to ensure case finding (including HIV self-testing) in under 25 yo women and under 30 yo men, immediate linking to treatment including same day initiation, and increasing prevention of new infections in young women and men through DREAMS-like and VMMC activities. Of this \$10,000,000, a minimum of \$3,000,000 should be used to support care and treatment of identified age groups in hot spots located in sustained areas. In addition, Botswana will receive \$3,000,000 in one-time central

**A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT**



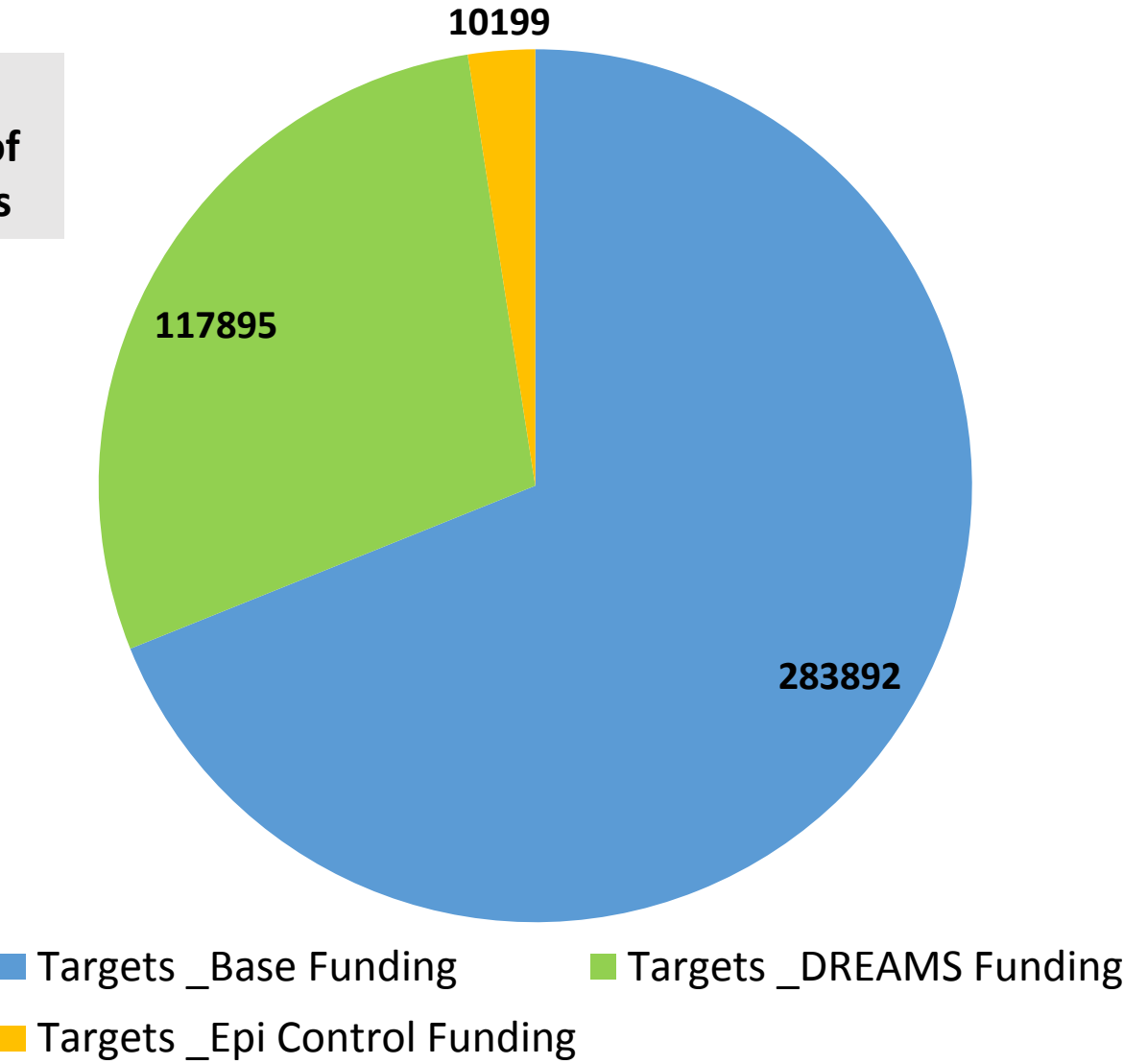
**[REDACTED]**



# COP17 Testing Targets: Base vs. Epi Funding

HTC Total Targets = 411,986

DREAMS-like and Hot Spots account for 29% of total COP17 HTC targets





# COP16 vs COP17 Budget Code Totals

Budget Code	Budget Code Description	COP 2017 (New, Applied, Central)	COP 2016 approved
CIRC	Male Circumcision	\$4,619,126	\$3,674,800
HKID	Orphans and Vulnerable Children	\$5,055,969	\$5,086,341
HTXS	Adult Treatment	\$7,404,920	\$8,237,165
HTXD	ARV Drugs	\$12,773,553	\$160,000
HVTB	TB/HIV Care	\$3,275,402	\$3,786,212
HBHC	Adult Care and Support	\$9,767,764	\$3,674,800
PDCS	Pediatric Care and Support	\$208,947	\$400,000
PDTX	Pediatric Treatment	\$167,263	\$400,000
MTCT	Mother to Child Transmission	\$516,082	\$177,500
HVCT	Counseling and Testing	\$7,666,462	\$6,311,293
HVOP	Other Sexual Prevention	\$3,384,348	\$1,775,305
HVAB	Abstinence/Be Faithful Prevention	\$39,411	\$0
HLAB	Lab	\$137,744	\$170,000
HVSI	Strategic Information	\$3,263,284	\$550,000
OHSS	Health Systems Strengthening	\$1,572,157	\$930,640
HVMS	Management and Operations	\$11,798,010	\$11,530,994



# COP17 Agency Allocations and Pipeline

	New FY 2017 Funding	Applied Pipeline	Central	Total Planning Level
HHS/CDC	\$15,954,523	\$2,401,234	\$5,645,932	\$24,001,689
HHS/HRSA	\$4,899,065	\$440,000	\$562,000	\$5,901,065
USAID	\$16,564,681	\$5,185,826	\$13,750,000	\$35,500,507
Peace Corps	\$421,713	\$1,878,287		\$2,300,000
State	\$62,650	\$401,042		\$463,692
DoD	\$354,827	\$636,153	\$202,068	\$1,193,048
<b>Total</b>	<b>\$38,257,460</b>	<b>\$10,942,541</b>	<b>\$20,160,000</b>	<b>\$69,360,000</b>

- COP17 Minimum Pipeline Requirement: \$10,667,244

- Central VMMC Funds: \$3,660,000
- BCPP: \$6,100,000
- Health Information Systems for Impact: \$3,000,000
- Second Year, Game Changer: \$7,400,000





# Earmark Allocations

## *PEPFAR Botswana met or exceeded all Earmarks*

- New FY 2017 funds allocated to care and treatment: **\$20,135,164**
  - COP17 requirement: \$20,112,691
- New FY 2017 funds allocated to OVC: **\$3,406,910**
  - COP17 requirement: \$3,395,315
- New FY 2017 funds allocated to water: **\$50,000**
  - COP17 requirement: \$50,000
- New FY 2017 funds allocated to GBV: **\$1,000,120**
  - COP17 requirement: \$735,000



# Summary of Final PBAC

SUMMARY										
Budget Code Description	TBB	Commodities	Above	Site	PM,SI	M&O	Total	Applied Pipeline	New	Central Funding
Male Circumcision	\$3 575 210	\$159 504	\$0	\$0	\$732 173	\$152 239	\$4 619 126	\$636 153	\$322 973	\$3 660 000
Adult Care and Support	\$2 508 376	\$0	\$1 728 600	\$3 244 829	\$2 000 378	\$285 581	\$9 767 764	\$1 115 920	\$8 651 844	\$0
Orphans and Vulnerable Children	\$2 210 420	\$0	\$1 636 260	\$0	\$1 197 694	\$11 595	\$5 055 969	\$1 649 059	\$3 406 910	\$0
Lab	\$0	\$0	\$11 700	\$0	\$3 300	\$122 744	\$137 744	\$0	\$137 744	\$0
Adult Treatment	\$1 936 589	\$0	\$1 103 042	\$2 791 661	\$1 270 239	\$303 389	\$7 404 920	\$706 995	\$6 697 925	\$0
ARV Drugs	\$0	\$12 013 100	\$0	\$0	\$625 000	\$135 453	\$12 773 553	\$0	\$273 553	\$12 500 000
Counseling and Testing	\$3 635 665	\$995 835	\$41 120	\$1 368 607	\$1 344 513	\$280 722	\$7 666 462	\$1 576 914	\$6 089 548	\$0
Management & Operations	\$0	\$0	\$0	\$0	\$0	\$9 502 885	\$9 502 885	\$3 760 421	\$5 742 464	\$0
Other Sexual Prevention	\$1 025 529	\$0	\$362 500	\$956 620	\$984 019	\$55 680	\$3 384 348	\$474 060	\$2 910 288	\$0
Strategic Information	\$0	\$0	\$535 860	\$1 660 660	\$578 480	\$488 284	\$3 263 284	\$100 000	\$488 284	\$2 675 000
TB/HIV Care	\$608 000	\$70 060	\$815 500	\$782 438	\$786 973	\$212 431	\$3 275 402	\$547 308	\$2 403 094	\$325 000
Injecting and Non-Injecting Drug Use	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mother to Child Transmission	\$267 675	\$0	\$0	\$150 000	\$30 825	\$67 582	\$516 082	\$123 300	\$392 782	\$0
Health Systems Strengthening	\$0	\$0	\$1 158 062	\$136 938	\$205 000	\$72 157	\$1 572 157	\$0	\$572 157	\$1 000 000
Pediatric Care and Support	\$40 500	\$0	\$0	\$75 580	\$25 233	\$67 634	\$208 947	\$106 500	\$102 447	\$0
Pediatric Treatment	\$40 500	\$0	\$0	\$75 580	\$25 233	\$25 950	\$167 263	\$106 500	\$60 763	\$0
Blood Safety	\$0	\$0	\$0	\$0	\$0	\$4 684	\$4 684	\$0	\$4 684	\$0
Injection Safety	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Abstinence/Be Faithful	\$39 411	\$0	\$0	\$0	\$0	\$0	\$39 411	\$39 411	\$0	\$0
	\$15 887 875	\$13 238 499	\$7 392 644	\$11 242 913	\$9 809 060	\$11 789 010	\$69 360 000	\$10 942 541	\$38 257 460	\$20 160 000
	23%	19%	11%	16%	14%	17%				





# MINISTRY OF HEALTH

**Re a Leboga**